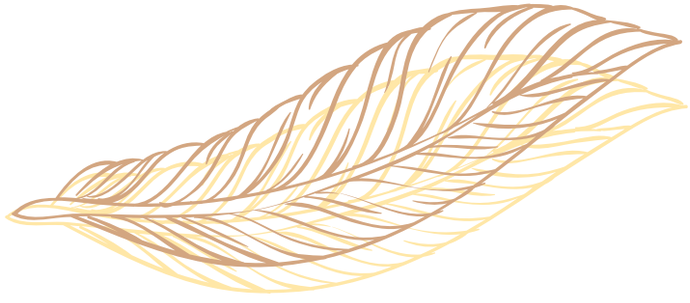
Dear Patient

English for Nursing

Matti Karhumäki • Minna Metsäportti • Petri Tuohimäki



Tiedustelut
Sanoma Pro Oy, Helsinki
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www.sanomapro.fi

Kustantaja: Sanoma Pro Oy
1. painos, 2017

ISBN 978-952-63-4256-6

Toimitus: Sanni Rautala
Kuvatoimitus: Anita Kokkila
Ulkoasu: Jaana Rautio, Gravision
Taitto: Jaana Rautio, Gravision

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Lukijalle

Dear Patient on ammattikorkeakoulujen sairaanhoitajaopiskelijoille sekä työelämässä oleville sairaanhoitajille suunnattu kommunikointiin painottuva englannin oppikirja. Kirjan kappaleet ovat pääsääntöisesti tekstitiivistelmiä, joista lukijan on helppo hahmottaa hoitotoimenpiteiden kielellinen ydinaines. Muut tekstit ovat autenttisia potilaskokemuksia sekä kuvitteellisia potilas-hoitaja-dialogeja. Kirja tarjoaa runsaasti keskustelutehtäviä sekä erilaisia sanastoharjoituksia, ja se sopii myös itseopiskeluun. Kirjaprosessin aikana on kuultu hoitotyön lehtoreita, sairaanhoitajia ja hoitoalan opiskelijoita.

Dear Patient on ammattienglannin kirja, jonka sisällöistä muodostuu potilaan hoitopolkua myötäilevä kokonaisuus. Tavoite on tarjota kirjan käyttäjälle juuri niitä kielenkäytön työkaluja, joita jokapäiväisessä hoitotyössä tarvitaan. *Dear Patient* on ensisijaisesti hoitotyön englannin kielen ja kommunikoinnin apuväline, jossa erikoisalan sisällöt ja kieli nivoutuvat tiiviisti toisiinsa. Haluammekin muistuttaa lukijaa, että hoitotyön sisällölliset yksityiskohdat ja alati muuttuvat käytännöt tulee tarkistaa voimassa olevista hoitosuosituksista.

Toivomme, että *Dear Patient* auttaa ja inspiroi hoitotyön ammattilaisia jatkuvasti kehittämään ammattienglannin valmiuksiaan, mikä osaltaan edesauttaa potilaan ja hoitajan vuorovaikutuksen onnistumista ja siten potilaan mahdollisimman hyvää hoitoa.

Acknowledgements

First of all we want to thank the backbone of our work, Arja Simola-Pollock, a specialist nurse in internal medicine and surgery, for her invaluable contribution and tireless, inspiring commitment throughout the process of writing *Dear Patient*. We also want to express our gratitude to Melissa, Mikko, Milsse, Joonas, Karita, Bruce, and Toni for willingly sharing their real-life experiences about the health challenges they have encountered. The role of these meaningful, authentic stories in this book are beyond words.

We are grateful for the input of the current and graduated nursing students of Tampere University of Applied Sciences, Laurea University of Applied Sciences and Saimaa University of Applied Sciences. Thank you Iiris, Noora, Sanni, Jenny and Sofi for your enthusiasm and participation in the photo shoot, the outcome of which can be seen on the pages of this book. Registered Nurse Marianna Tuominiemi deserves a big thank you for her insight when creating the section on Paediatric Nursing, and further thanks must go to Registered Nurse Anni Kuukka for enlightening us on the everyday communication on the ward.

We owe our thanks to our collaborators for sharing their expertise when working on the various parts of *Dear Patient*. Special thanks to our colleagues from whom we received valuable feedback in this process: Anne-Marja Hammar (Doctor of Medicine and Surgery, Principal Lecturer in Medicine, TAMK), Rami Yli-Villamo (Senior Lecturer in Nursing and Health Care, TAMK), Tapani Risto (Senior Lecturer in Anatomy and Physiology, Laurea), Kati Nykänen (Senior Lecturer in Physiotherapy, Laurea), Heidi Kassara (Senior Lecturer in Nursing and Health Care, TAMK), Kirsi Litmanen (Senior Lecturer in Anatomy and Physiology, TAMK), Sari Myllymäki (Senior Lecturer in Swedish and German, TAMK) and Sanna Ruuhonen (Specialist Doctor in Psychiatry, TAYS).

We would also like to thank Sanoma Pro for providing us with this opportunity to contribute to the education and professional growth of nurses.

Finally, we want to thank our nearest and dearest, especially John, Laura, and Ulla, and all our friends for your precious support and patience during the intense creation of *Dear Patient*.

In Helsinki, 7 April 2017

Minna Metsäportti
Matti Karhumäki
Petri Tuohimäki

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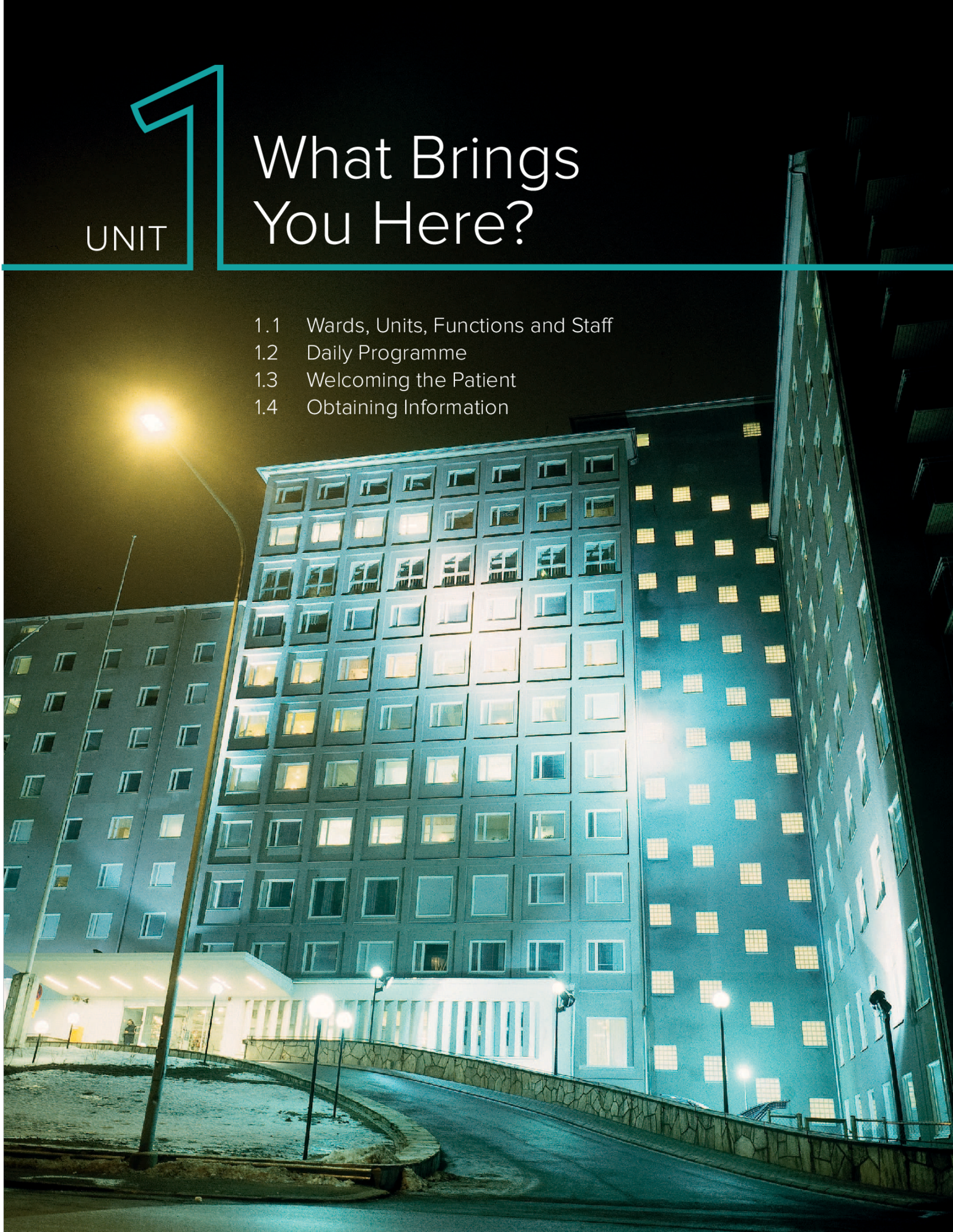
UNIT 1

What Brings You Here?

1.1 Wards, Units, Functions and Staff
1.2 Daily Programme
1.3 Welcoming the Patient
1.4 Obtaining Information



1.1 Wards, Units, Functions and Staff

A **Pairwork**

Read the nurses' job descriptions and discuss the following questions.

1 What made you choose a career in nursing?
2 Which aspects of patient care interest you most?
3 Which personal qualities do you think are essential for a good nurse?
4 What are your own strengths?

communication skills | flexibility | good interpersonal skills | resilience

empathy | problem-solving skills | ability to make quick decisions

?

1

Hi! My name is Marianna and I'm a paediatric nurse. In 2014 I graduated from Tampere University of Applied Sciences. I have worked on paediatric wards in Tampere University Hospital. I can't imagine doing anything other than this, it's the job of my dreams. Every day is different, challenging and most of all, rewarding!

2

My name is Arja. After qualifying as a specialist nurse in medical and surgical nursing from Turku Institute of Health Care in 1997, I have always worked in the U.K., in Neonatology, High Dependency, Acute Admissions and A&E. Over the past 4 years I've been a member of a staff bank, working anywhere! It's a wonderful way of seeing it all, in every speciality. I step in when a nursing colleague has taken ill, often with a couple of hours' notice. Flexibility like this suits me perfectly as my home is in Greece and I travel to London to work. Working in London is a real eye-opener into the multi-cultural issues in nursing that we face in today's world: race, religion and beliefs.

3

Hi! My name is Yunsuk, and I am an anaesthetic nurse in Helsinki University Hospital (HUS).

Since I graduated from Laurea University of Applied Sciences in 2008, I have been working as an anaesthetic nurse in the operating theatre and recovery room.

An anaesthetic nurse is always with a patient in the operating theatre. I admit patients and take care of them during surgery. Patients do not remember me because they are anaesthetised or sedated during their operation. However, I believe that my work is valuable and a successful surgery can't be guaranteed without my work as an anaesthetic nurse. The OT is an ever-changing and multi-professional working environment. I love working in this dynamic environment and cooperating with various operating theatre professionals.

B Pairwork

Below is a map of the hospital area. Take a look at the names of the listed places. How would you guide a visitor trying to find the following places? Work with a partner.

1 accident and emergency
2 paediatric unit
3 ICU
4 main entrance & admissions
5 day surgery unit
6 allergy unit
7 physiotherapy
8 radiology unit
9 gastroenterology

C Write

Conditions, operations and departments. Choose the words that best match the following clues. Two words will be left over.

1 You are treated on the medical ward for _____ or _____.

2 Patients suffering from _____ are cared for on the oncology ward.

3 A&E is the correct department if your condition includes _____, _____ or _____.

4 Physiotherapy helps patients with restoring _____ or easing _____ .

5 Different operations, e.g., _____ or _____ are conducted in surgical units.

6 The coronary care unit (CCU) is a ward specialized in cardiac conditions and performs different cardiological procedures, e.g., _____ _____ or _____.

severe chest pain	thoracic surgery
bypass operation	loss of consciousness
coronary angioplasty	heart disease
stiffness	pneumonia
stroke	cafeteria
breast cancer	hysterectomy
functional capacity	radiology unit

NOTE!

(in-patient) ward = vuodeosasto
unit = yksikkö
ICU (intensive care unit) = teho-osasto

NOTE!

Genetiivi yksikössä = 's, monikossa s'

A patient's bed = Potilaan vuode
Patients' beds = Potilaiden vuoteet

Poikkeukselliset monikot:
women's, men's, children's

D Write

Combine the following hints with the correct wards, departments and units. Which words are left over?

1 New patients often come to the hospital through this place.
_____

2 This unit is for the most seriously ill patients. _____

3 Children are treated here. _____

4 A ward for mothers and newborns. _____

5 A place for various tests, samples, swabs and ECGs. _____

6 This is usually a short-stay unit. _____

7 Specialists of skin care work in this unit. _____

8 Problems related to ear, nose and throat belong to the responsibilities of this ward. _____

9 Women's health is the most important function of this unit.
_____

10 Patients' discomfort is assessed and treated here.
_____

outpatients	laboratory	ENT	paediatric ward
admissions	bed linen	maternity ward	sluice
medical records	ICU	pain management clinic	haematology
gynaecological ward	dermatology department		

E Pairwork

A patient needs assistance in the hospital. Look at the floor map and guide him or her to the right place from the waiting area.

Excuse me, where is the laboratory?

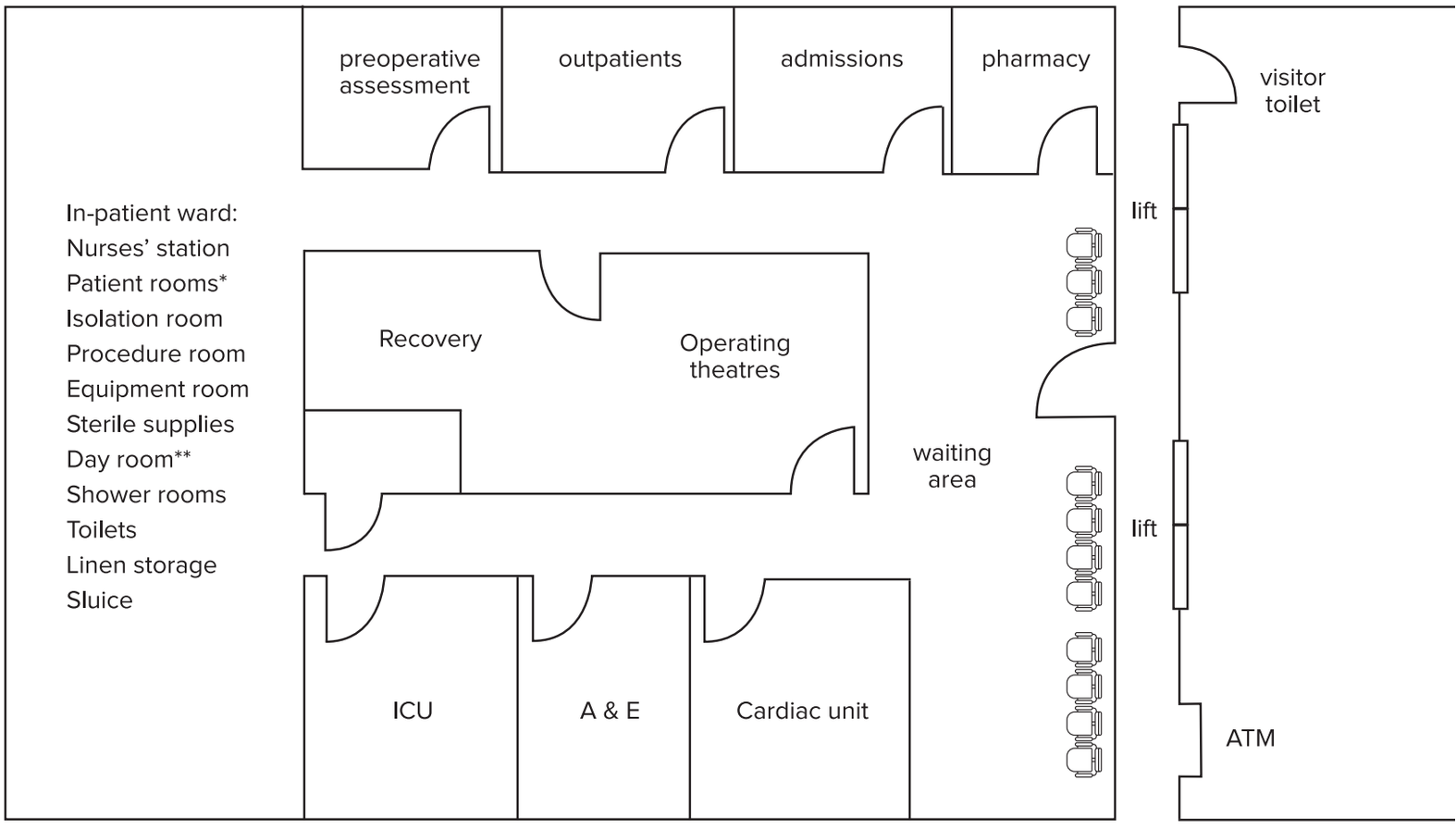
Of course. Walk straight along the corridor and...

Sorry, can you tell me where the toilet is?

Sure. Go through that door and you'll see it on your right.

Can you guide me to the examination room, please?

Sorry, I can't help you with that. Please go to the info desk, it's on the ground floor.



*Facilites: tv, radio, wifi, a bedside table, a lockable bedside cabinet
**For meeting visitors and other patients, for reading magazines etc.

F Pairwork

Introduce the room to the patient. Which items can you name in the picture?

bed controls	wristband	crutches	extra pillow	oxygen point
monkey pole	drip stand	wheelchair	rollator	toiletries
walking frame/zimmer frame		IV bag	curtains	disinfectant
call button				

G Combine

Combine the instruments and items with correct translations.

Equipment

1	syringe and needle	_____	A	happiviikset
2	catheter	_____	B	paarit
3	intravenous giving set	_____	C	desinfiointipyyhkeet
4	sphygmomanometer	_____	D	verenpainemittari
5	nasogastric tube	_____	E	sakset
6	nasal cannula	_____	F	ruisku ja neula
7	folded gauze dressing	_____	G	peräruiske
8	pulse oximeter	_____	H	pulssioksimetri
9	adhesive plaster	_____	I	lasta
10	stretcher	_____	J	dreeni
11	disinfection swabs/pads	_____	K	katetri
12	diabetes care devices	_____	L	diabeetikon hoitovälineet
13	cuff	_____	M	suojakäsineet
14	drain	_____	N	kuumemittari
15	splint	_____	O	nenämahaletku
16	sharps bin	_____	P	särmäisjäteastia
17	protective/disposable gloves	_____	Q	mansetti
18	scissors	_____	R	alusastia
19	kidney dish/basin	_____	S	virtsapullo
20	tourniquet	_____	T	kiristysside, staassi
21	enema	_____	U	kanylointivälineet
22	thermometer	_____	V	laastari
23	forceps	_____	W	harsotaitos
24	urinal, urine bottle	_____	X	atulat
25	oxygen mask	_____	Y	happimaski
26	bedpan	_____	Z	kaarimalja

H Write

Name the instruments and items in the pictures below.

1 verenpainemittari
2 mansetti
3 pulssioksimetri
4 diabeetikon hoitovälineet
5 särmäisjäte
6 sakset
7 kuumemittari
8 kiristysside, staassi
9 ruisku

A

B

C

D

E

F

G

I

H

Health care professions

anestesiahoitaja	**anaesthetic nurse**
anestesialääkäri	**anaesthetist**
apuvälineteknikko	**orthotist-prosthetist**
audiologi (kuulo- ja tasapainoaistilääkäri)	**audiologist**
endokrinologi	**endocrinologist**
ensihoitaja	**paramedic, emergency care nurse**
erikoislääkäri	**specialist, consultant**
erikois-sairaanhoitaja	**specialist nurse**
fysiatri	**physiatrist**
fysioterapeutti	**physiotherapist**
gerontologi	**gerontologist**
gynekologi	**gynaecologist**
hammaslääkäri	**dentist**
hematologi	**haematologist**
ihotautilääkäri	**dermatologist, skin specialist**
instrumenttihoitaja	**scrub nurse**
kardiologi	**cardiologist**
kirurgi	**surgeon**
kirurginen sairaanhoitaja	**surgical nurse**
korva-, nenä- ja kurkkutautilääkäri	**ENT (Ear, Nose & Throat) doctor/specialist, otorhinolaryngologist**
korvalääkäri	**otologist**
kätilö	**midwife, midwives**
laborantti	**laboratorian, laboratory assistant**
lastenlääkäri	**paediatrician**
leikkaus(sali)hoitaja	**operating theatre nurse, perioperative nurse**
lähihoitaja	**practical nurse**
lääketieteen opiskelija	**medical student**
lääkintävahtimestari	**porter**
nenälääkäri	**rhinologist**
neurologi	**neurologist**
ohjaava hoitaja	**supervising nurse**
omahoitaja	**named nurse, primary nurse, assigned nurse**
onkologi	**oncologist**
ortopedi	**orthopaedist**
osastonhoitaja	**head nurse (Am.), ward manager (Br.)**
perioperatiivinen hoitaja	**perioperative nurse**
psykiatri	**psychiatrist**
psykiatrinen sairaanhoitaja	**psychiatric nurse**
psykologi	**psychologist**
puheterapeutti	**speech therapist**
radiologi	**radiologist**
ravitsemusterapeutti	**dietitian**
reumatologi	**rheumatologist**
röntgenhoitaja	**radiology nurse, radiographer, medical imaging nurse**
sairaalapappi	**chaplain, hospital priest**
sairaanhoidon opiskelija	**nursing student**
sairaanhoitaja	**registered nurse, RN**
salivalvoja	**circulating nurse**
silmälääkäri	**ophthalmologist, eye specialist**
sisätautikirurginen sairaanhoitaja	**medical and surgical nurse**
sisätautilääkäri	**internist (AmE), internal medicine specialist**
sosiaalityöntekijä	**social worker**
sosionomi	**Bachelor of Social Services**
synnytyslääkäri	**obstetrician**
terveydenhoitaja	**public health nurse, health visitor**
toimintaterapeutti	**occupational therapist**
työterveyshoitaja	**occupational health nurse, company nurse**
työterveyslääkäri	**occupational doctor, company doctor**
urologi	**urologist**
vatsaelinkirurgi	**gastrointestinal surgeon**
vatsatautilääkäri	**gastroenterologist**
yleislääkäri	**GP, general practitioner, physician**
ylilääkäri	**head physician, clinical director**

NOTE!

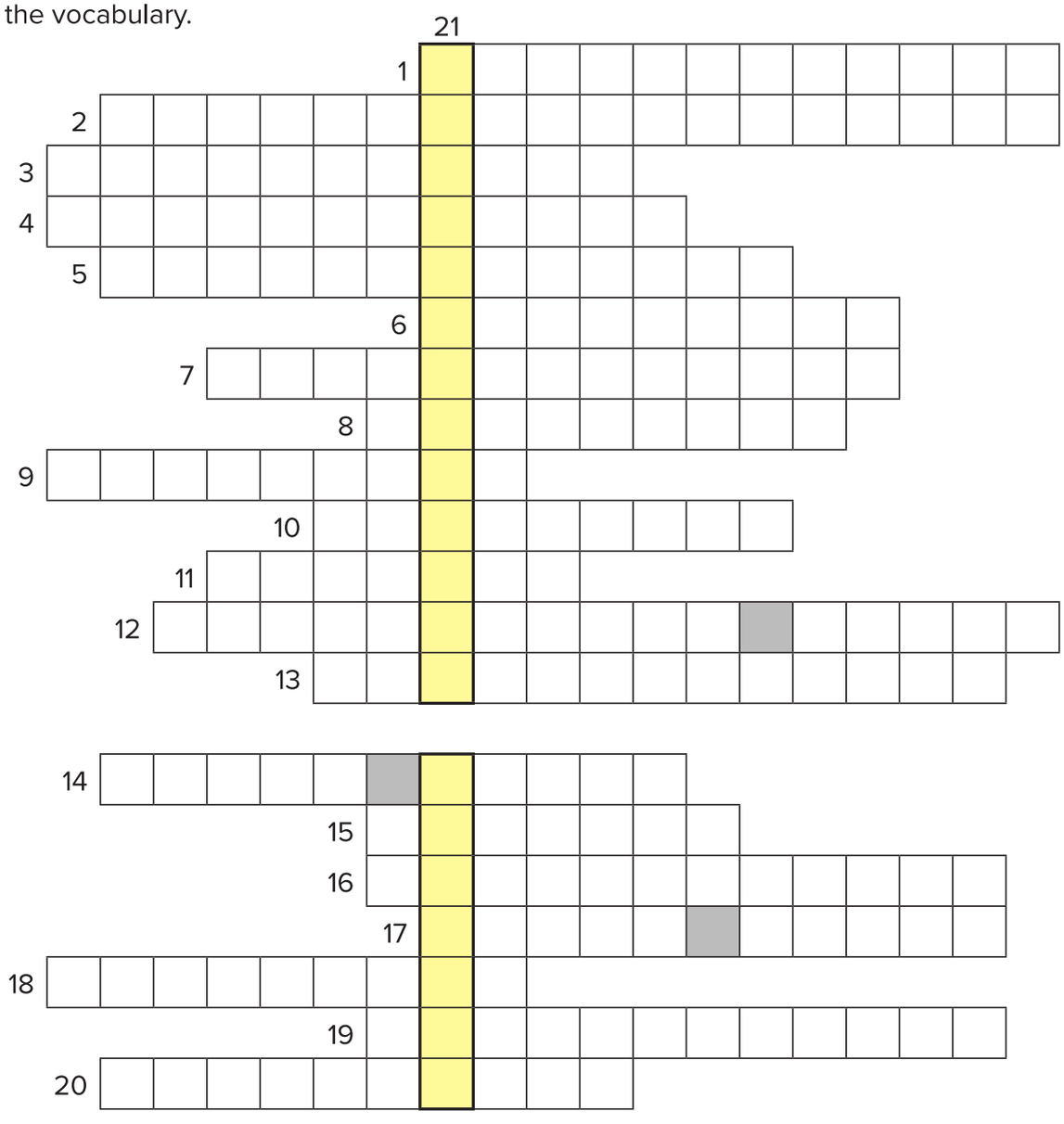
Ammattinimikkeillä on useita käännösvastineita. Esimerkiksi näitä sanoja käytetään rinnasteisesti:

scrub nurse/perioperative nurse

named nurse/assigned nurse/primary nurse

Write

Fill in the crossword with the titles of health care professionals you find in the vocabulary.



1 Works with mental health patients
2 Deals with stomach and digestive problems
3 Helps people with skeletomuscular rehabilitation
4 A doctor for expecting mothers
5 Takes care of your skin
6 A synonym (AmE) for medical doctor
7 Specialises in female genitalia
8 Specialises in male genitalia
9 Gives advice on healthy nutrition
10 A doctor specialising in treating diseases that do not require surgery. A doctor of internal / general medicine.
11 Helps in the labour and delivery of babies
12 Gives guidance and advice to nursing students in a hospital
13 A children's doctor
14 A nurse responsible for a patient's care during a hospital stay. The practice of assigning nurses to patients is done to improve the quality and continuity of care.
15 A doctor who performs operations
16 Focuses on skeletomuscular treatment and surgeries
17 Sets up the operation room, assists the surgeon during the procedure and prepares the patient for the recovery room
18 A health care professional who is trained to provide emergency care during transport to a hospital.
19 Makes sure patients won't feel pain for the duration of an operation
20 A cancer specialist

21. Explain the meaning of the term in Finnish.

J Write

Translate the names of the units into Finnish.

1 Stroke unit _____
2 Urology _____
3 Adolescent psychiatry _____
4 Vascular surgery _____
5 Respiratory diseases _____
6 Musculoskeletal diseases _____
7 Nutritional therapy _____
8 Rheumatology _____
9 Renal diseases _____
10 Gynaecological diseases _____

K Group work

Choose one of these pictures and describe the person's treatment path. Which health care professionals will these people meet during their stay in the hospital?

1.2 Daily Programme

A **Pairwork**

Discuss and compare the Ward Routines on two different hospital wards.

NOTE!

Päiväohjelmasta kerrottaessa voi käyttää passiivimuotoa **be-verbi + pääverbin 3. muoto**

Morning Care (6–8 a.m.)

Taking temperature, changing IV bags, taking blood pressure, taking blood samples

Staff Handover Reports

7.30–8.00 a.m.
8.00–9.00 p.m.

Helping Patients (showers, bed baths)

Making beds and changing linen
Preparing patients for examinations and procedures
Wound care

Meal Times

8.00 a.m. breakfast
11.00 a.m. lunch
2.00 p.m. afternoon tea/coffee
5.00 p.m. evening meal
7.30 p.m. bedtime snack

Doctor's Ward Round 8–11 a.m.

To ensure privacy and confidentiality, the other patients sharing the room with you will be asked to wear headphones during the examinations and doctor's round.

STUDENT A:
Daily Programme on the Ward

Visiting Hours

We have flexible visiting hours, but we hope that most visits will take place between 2–8 p.m.
A maximum of three visitors per patient.

Discharging Patients 1–3 p.m.

Patients who are going home will get their discharge documents and home care instructions. We hope you will have a family member or a companion to take you home safely.

Instructing the patients and preparing them for the following day's procedures (6–8 p.m.)

Lights Out & Good Night

We hope that it will be quiet on the ward to ensure a restful night. Night nurses check all the patient rooms regularly.

Morning Care (6–8 a.m.)

Routine blood tests and intravenous antibiotics

Staff Handover Reports

7.00–7.30 a.m.
2.00–3.00 p.m.
9.00–9.30 p.m.

Helping Patients

Morning washes
Making beds and changing linen

Meal times and medicine rounds

8.00 a.m. breakfast (at weekends at 8.30)
Morning medicine round
Drinks trolley
11.00 a.m. lunch (at weekends 11.30)
Lunchtime medicine round
2.00 p.m. afternoon coffee and tea (served in the day room)
5.00 p.m. evening meal
Evening medicine round
7.30 p.m. evening tea

Doctor's Ward Round 8–10 a.m.

You'll be taken care of by a team of doctors led by a consultant. You'll have daily visits from at least one member of the team, but please note that you may not see your consultant every day. Physiotherapists, occupational therapists and dietisians also visit the ward.

Rest Period 1–2 p.m.

All patients are given an opportunity to rest. No outside visitors, please.

STUDENT B:
Daily Routine on the Ward

Visiting hours (2–8 p.m.)

To help us prevent the spread of infections, visitors are asked to use hand rub at the entrance to the ward on arrival and on leaving.
Up to two visitors are allowed at each bedside at any time. For security reasons, the doors to the ward are locked. There is an intercom at the entrance that must be pressed to notify the staff of your arrival.

Named Nurses' Rounds 3–5 p.m.

Your own nurse will discuss your treatment with you, prepare you for the forthcoming procedures and let you know when you are likely to be discharged. Let your named nurse know if you wish to see a social worker or a hospital priest. We realize that having to stay in hospital may be stressful for you. We're doing our best to make your stay as comfortable as possible.

Silence & Good Night 10 p.m.

B Write

Translate the Ward Routine into English.

OSASTON PÄIVÄOHJELMA

7.15-7.30	Raportti aamuvuoron hoitajille.
7.30	Aamupala Lääkkeiden jako Aamupesut Vuoteiden petaaminen (liinavaatteiden vaihto tarvittaessa.) Haavanhoito Verikokeet ja muut laboratorionäytteet Verenpaineen seuranta Verensokerin mittaus (tarvittaessa)
9.00–11.30	Lääkärinkierto. Omahoitaja on mukana kierrolla. Lääkkeiden jako
11.30	Lounas
12.30	Lääkkeiden jako Hoitotoimenpiteitä Kotiuttamiset
14.00	Päiväkahvi
14.00-20.00	Vierailuaika
14.15-14.30	Raportti iltavuoron hoitajille
17.00	Päivällinen
17.00–20.00	Lääkkeiden jako Potilaiden ja tarvittaessa myös omaisten ohjausta ja neuvontaa. Potilaiden valmistelua seuraavan päivän tutkimuksiin.
21.30	Raportti yövuoron hoitajille

C Pairwork

With a student colleague, read and compare the Ward Information given.

STUDENT A

During Your Stay

Arriving on the Ward:

Your named nurse will welcome you and show you around.

You'll be asked to name a contact person to whom we can give information about your condition.

Infection precautions:

Disinfect your hands before you enter and leave the ward.

Please do not sit on the beds or bring young children with you.

All patients scheduled for surgeries are screened for MRSA.

Important information:

You will be given a booklet which explains what to expect during your stay and what will happen on the day you are ready to leave hospital.

What to bring:

Health insurance card (KELA card)

Prescriptions

Previous X-rays, medical certificates, ECGs, lab test results etc.

Dressing gown and slippers (optional as they can also be provided by the hospital)

Mobile phones:

Mobile phones can be used on the ward. Please be considerate towards other patients though and note that the batteries cannot be charged on hospital premises. Free access to the internet is available for all our patients.

Hospital facilities:

We have a newspaper and snack trolley visiting the ward every day between 10 and 11.

There is a cosy day room with a TV for you and your visitors to use. There is also a vending machine at the entrance to the ward.

What not to bring:

Large sums of money

Valuables (the hospital cannot secure them safely on the ward)

Sprays, aerosols (they can set off the fire alarm)

Jewellery

Smoking:

Additional information:

There are two isolation rooms on the ward for patients who have severe infections.

After 10 p.m.

The ward lights will be dimmed. If you need any help to go to the bathroom, please use the nurse call button to speak to a night nurse. Ask the night nurse if there is anything you need to help you sleep, such as pain relief or extra blankets or pillows.

Anything else?

Going home

Your named nurse will provide you with written discharge instructions before you leave. It is important to follow the instructions related to medications, home nursing, special equipment or therapy included in your recovery plan.

STUDENT B

During Your Stay

Arriving on the Ward:

You will be asked to sign a consent form before any treatments and procedures.

We will also give you an identification wristband to wear.

Infection precautions:

To help stop the spread of germs, our hospital has alcohol gel dispensers at the entrance to all wards and the patient rooms. Do NOT visit if you are sick or have had diarrhoea or vomiting in the previous 48 hours

Important information:

Information about the ward routines and practices can be found on the ward notice board.

There is also a handout in your patient room containing the most important information.

What to bring:

The admissions letter and other medical documents relevant to your care.

Toiletries (hand wipes, toothpaste, a toothbrush)

Glasses, hearing aids, ear plugs (if needed).

Mobile phones:

Mobile phones should not be switched on in the patient rooms as they may interfere with vital monitoring equipment.

There are designated areas where you can use your phone.

Hospital facilities:

There is a cafeteria, ATM and a little shop downstairs. Let your primary nurse know every time you leave the ward.

What not to bring:

Aftershave or perfume cannot be worn on the ward as they may trigger allergic reactions among other patients.

Nightwear will be provided by the hospital. If you wish (and if your condition allows), you can bring comfortable clothing to wear during the day.

Special diets and food restrictions

Additional information:

Our hospital is a teaching hospital, and there will be students doing their clinical training as part of their studies. Please let your primary nurse know if you don't want a student to observe or participate in your care.

After 10 p.m.

Be considerate towards your roommates and keep noise to a minimum.

Turn mobile devices on silent and use the headphones provided to listen to the TV or radio.

Dim the screens of any electronic devices.

Anything else?

Going home

To make sure your hospital discharge proceeds smoothly, please arrange someone to pick you up.

You may need to make an appointment with your GP for example to ensure the continuation of your medication supply.

D Write

Create your own patient information leaflet.
Utilise previous exercises and your knowledge about hospital practices and rules.

1.3 Welcoming the Patient

A Listen

Listen to the text and answer the questions.

1 Why is the patient in the hospital?
2 What has happened to his right elbow?
3 What dietary restrictions does the patient have?

Settling in on the ward

Nurse Good evening Mr. Smith. My name is Anna, and I'll be your named nurse during this shift. How are you doing?

Patient I could be better, but I could be worse. Thanks. My thigh still hurts.

Nurse Would it be OK to briefly ask a few questions about you and your circumstances please? I need to complete all the admission documents as you'll be staying here with us tonight.

Patient Yes, that's fine as long as it's brief.

Nurse Great, thank you. Here's a patient information leaflet with contact numbers of the ward should you like to inform anyone about your stay.

Patient OK, thanks. I'll let my wife know the number. By the way, my thigh still hurts a lot.

Nurse Let me have a look if you can have some additional pain relief now–I see that you've been given some painkillers in A&E–shall we try something more long-acting to help you sleep, too? It's all written here on your chart–let me get back to you in a moment.

Patient All right, thanks.

Nurse Could you please state your full name and date of birth?

Patient Alex Geoffrey Smith. 17 March 1976.

Nurse Thank you. Now, we have our infection control policies here at the hospital. Can you tell me whether you have had any vomiting or diarrhoea within the past three days, or have you been in contact with anyone who has? Have you had any recent travel abroad, any possible travel to areas affected by Ebola?

Patient No, I haven't been travelling lately, and I've been fit as a fiddle.

Nurse All right. You have already had the MRSA swabs done in A&E, so we'll just wait for the results on those. This is a single sex ward; therefore, your neighbours here are all men, and the bathroom opposite and the shower room just round the corner are used only by male patients. You are here today due to the haematoma in your right thigh that you sustained at the rugby match earlier today. What a bang–it'll be difficult for you to move on your own due to that swelling there. Please use the call bell here, and one of us will come and assist you. Do you have any other conditions that need attention in your daily life normally?

Patient I suffer from hay fever, and I'm allergic to wasp and bee stings.

Nurse I see. Do you carry an Epipen with you at all times?

Patient I normally do, but I don't have it with me now.

Nurse Never mind, I've banned wasps and bees from entering the ward tonight!

Patient Ah, I see...

Nurse Do you have any chronic pain conditions that we should know about?

Patient Well, I've had these ongoing knee problems on and off for quite a while now.

Nurse How do you manage this pain at home?

Patient I take Ibuprofen when I feel like I need it, and I also use cold compresses occasionally.

Nurse Do you have any specific dietary requirements at all?

Patient Yes, I'm coeliac.

Nurse We'll order you some gluten free breakfast then, and if you need to stay with us longer, we'll inform the kitchen and you can have gluten free meals. Of course you're welcome to have your own snacks brought in if you like. Do you have any religious reasons not to have a blood transfusion should you need one?

Patient No, I'm a member of the Church of England.

Nurse Who would you like us to be in contact with if we would need to?

Patient My wife, she's my next of kin.

Nurse We already have a telephone number for her here, I see. We normally check for skin integrity, that's your pressure areas–sacrum, heels, elbows mainly–but can you tell me if you've got any problems with these?

Patient I normally have healthy skin, but I took a fall at the rugby match which caused this skin loss on my right elbow.

The nurse checks the elbow and sees it has been dressed in A&E and that the dressing is intact.

Nurse I think this is enough to complete your admission now. We'll keep you under observations overnight just to make sure you're not bleeding further. The duty doctor from the surgical team will be clerking you in shortly, and you'll be then able to try and get some rest. Did you get anything at all to eat in A&E?

Patient I had a cup of tea.

Nurse Just a cup of tea? I think we may have some salad left in the fridge, I could have a look for you.

- - - - - - - - - - - -

Nurse Here's some tuna salad and a cup of decaf coffee for you.

Patient Oh, perfect, and it's gluten free. Thank you so much!

Nurse Thank you for your time and please don't hesitate to give us a bell if there's anything you may need. Has the pain relief helped a bit yet?

Patient Yes, I'm much more comfortable now. Thanks.

Nurse Well, have a good evening then. The doctor should be here any moment now.

Text by Arja Simola-Pollock

B Write

Find the English equivalents for the following words and expressions.

1 sairaalaan sisäänkirjautuminen _____
2 kivunlievitys _____
3 infektioiden torjunta _____
4 oksentaminen _____
5 ripuli _____
6 näyte _____
7 turpoaminen _____
8 soittokello _____
9 allerginen jollekin _____
10 kylmäpakkaus _____
11 ruokavaliorajoitukset _____
12 verensiirto _____
13 kudoseheys _____
14 sidottu ensiavussa _____
15 päivystävä lääkäri _____

C Write

What are synonyms for the following words?

1 analgesic _____

2 record _____

3 suffering from _____

4 because of _____

5 a bruise _____

6 to receive an injury _____

7 disease _____

8 allergic rhinitis _____

9 long-term _____

10 closest relative _____

1.4 Obtaining Information

(PERSONAL DETAILS–LIFESTYLE–MEDICAL AND MEDICATION HISTORY)

A **Pairwork**

Take a look at these elements of a patient interview and discuss your views with a partner or in a small group:

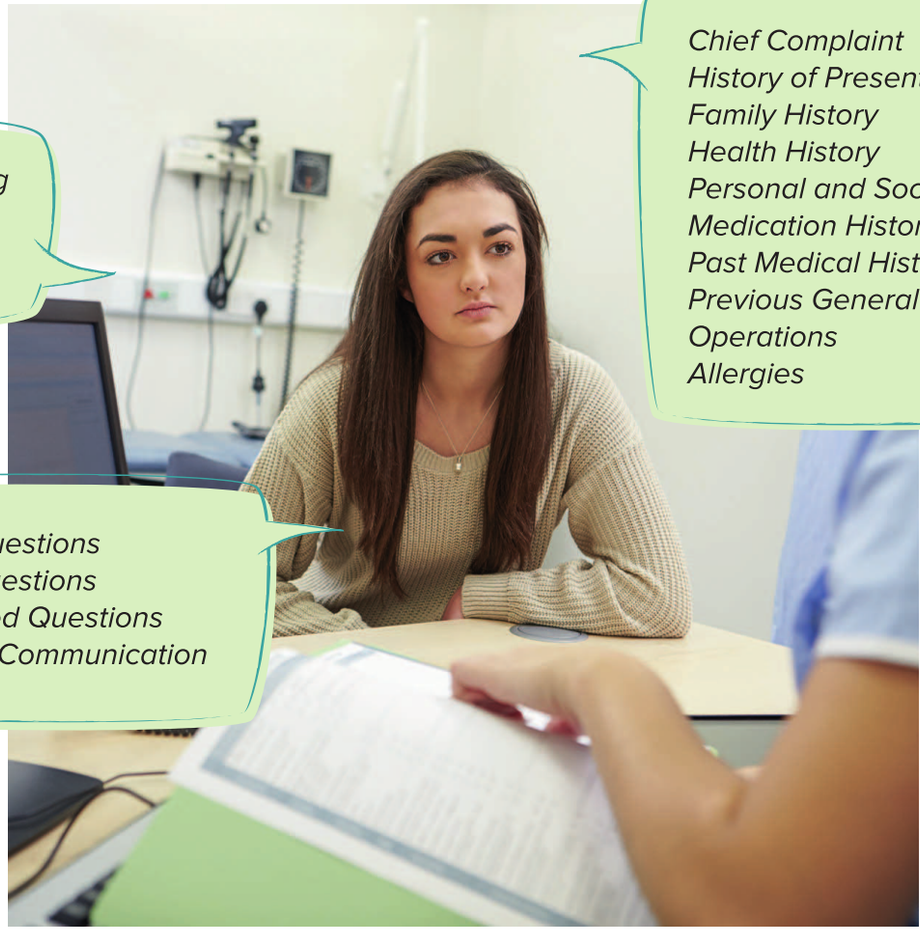
What are the characteristics of a successful patient interview/successful patient communication?

Reflect on your own experiences as a patient. What has the nurse-patient communication been like?

How can you, as a health care professional, increase patients' feeling of safety and trust when seeing them for the first time?

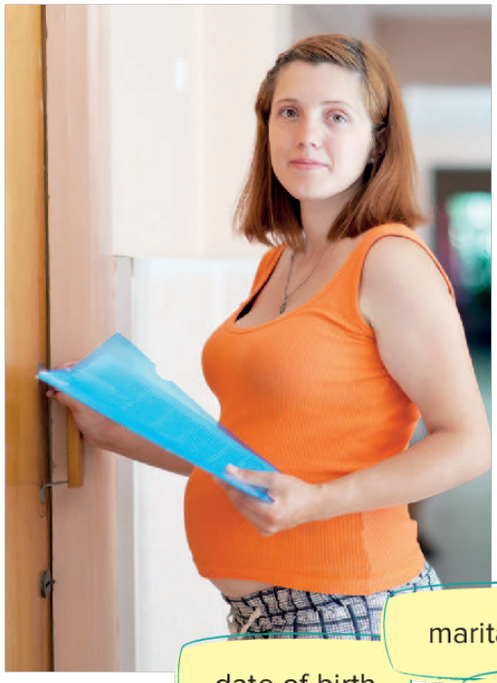
Active Listening
Rapport
Empathy

Chief Complaint
History of Present Illness
Family History
Health History
Personal and Social History
Medication History
Past Medical History
Previous General Anaesthesia
Operations
Allergies



Leading Questions
Probing Questions
Open-Ended Questions
Nonverbal Communication

Personal details



marital status

date of birth

name

social security number

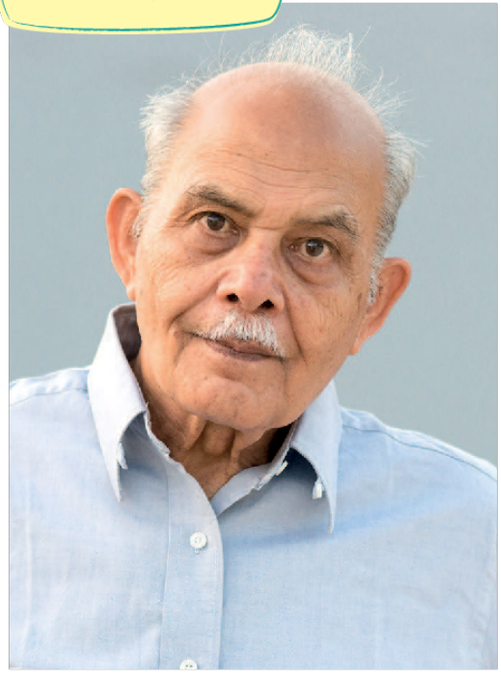
address

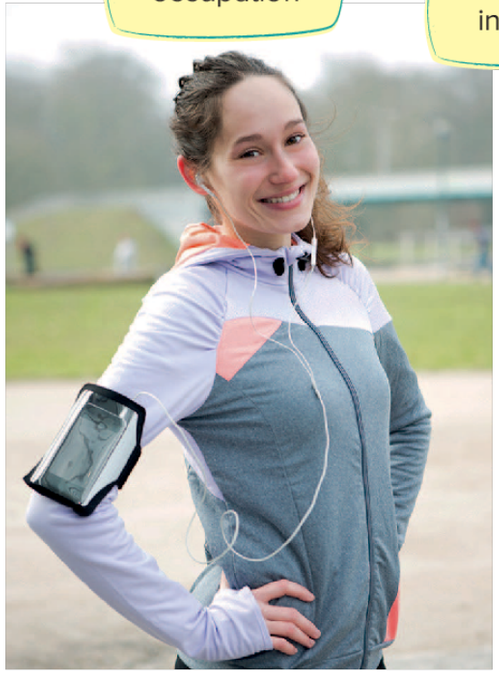
contact person

occupation

insurance

nationality





B **Pairwork**

Choose a person from the pictures and imagine what his or her background and current health situation might be like. Act out the first meeting between the person and a nurse. You'll find phrases you may use on the next page.

Personal details

What's your first and last name? ....full name? ...address? ... nationality?

What's your social security number? ...date of birth? (DOB)

When were you born?

Do you have some form of identification with you? (KELA health insurance card/ passport)

Who is your closest relative/ closest family member/next of kin/contact person?

...the person to contact?
...your ICE* person?
*in case of emergency

What's your profession/ occupation?

What's your marital status? (single, married, widow, widower, divorced, domestic partnership/ common-law marriage, civil union)

Do you have insurance?

General health

How much do you weigh? How tall are you? What's your weight and height? Do you know your BMI? Have you had any recent weight gain/weight loss?

What vaccinations have you had? Have you had a vaccination against X?

Have you been vaccinated against X?

Do you have a certificate of vaccinations with you?

Do you suffer from stress? Are you stressed or depressed?

How is your appetite?

Do you use birth control/contraceptives? Are you on the pill? Have you had unprotected sex?

Do you have any questions about sexually transmitted diseases? Would you like to be tested for STDs?

Are there any significant issues affecting your family?

Are there any religious/cultural considerations regarding your care?

Do you have any allergies? Are you allergic to anything? (food, latex, medications, environmental, other?)

Social Circumstances

Can you describe your accommodation circumstances? (house, flat)
Do you have any stairs?

Do you live with someone or on your own?
Is there anyone at home who could help you while you're recovering?

Do you sleep enough? Do you feel rested in the morning?

Is your diet healthy? What is your diet like? Do you follow any special diet?

Do you use intoxicants (alcohol or drugs)? If yes, how many units/to what extent?

Do you know the limits of moderate alcohol consumption?

Do you smoke? If yes, how many cigarettes per day?

Exercise

Do you exercise regularly? Why? Why not? If yes, what do you do to stay in shape?

How much exercise do you get per week and what type of exercise is it?

Do you do any sports?

Do you participate in any sports activity?

Do you usually take the stairs (even if there was a lift/elevator available)?

Medical history

How do you feel about your current health? What symptoms brought you here?

Do you have any chronic condition that requires special attention/medical care?

Are you being treated for any illness or condition at the moment?

Do you have any diseases/illnesses in your family? Do you have any diseases running in your family? Do you have any familial/inherited/hereditary diseases in your family?

What illnesses have you had in the past?

What operations/procedures have you had before? Have you undergone any surgical or medical operations?

Have you been hospitalised before? Have you been treated in hospital (for your condition)?

Please list all hospitalisations you have had (surgical, medical, psychiatric, etc.)

Medication history

Are you on any medication? Are you on medication for your asthma/_____?

Are you taking any medicines at the moment?

Do you have the prescriptions with you?

Do you have any allergies to medications? If yes, please list the medications and reactions.

Have you been given general or local anaesthesia before?

Have you or any of your close relatives had any problems with anaesthesia?

List any prescription and non-prescription medication you take regularly (including OTC, herbals, vitamins, etc.). Give the name of the medicine, strength and dose.

C Pairwork

Carry out a patient interview with your pair.

OBTAINING INFORMATION – Patient Interview

Patient's name:_____ Personal identity number: _____
Gender: ❑ male ❑ female ❑ other (please specify)
Height (stated/measured): _____ Weight (stated/measured): _____

Occupation: _____
Address: _____ Phone: _____
Marital status: ❑ S ❑ M ❑ W ❑ D

Contact person: _____ Phone: _____
Information regarding care can be given to: _____

Are you familiar with the following:
Patient data repository (Potilastietorekisteri) ❑ Yes ❑ No
My Kanta pages (Oma Kanta) ❑ Yes ❑ No
E-prescription (E-resepti) ❑ Yes ❑ No

Have you given an informed consent regarding your medical records? ❑ Yes ❑ No
Current illness/chief complaint/reason for admission: _____
Is this a work related injury? ❑ Yes ❑ No

Medical history
General state of health ❑ Excellent ❑ Good ❑ Fair ❑ Poor

Chronic medical problems
Medications: (name, dose) _____
OTCs, vitamins, nutritional supplements _____
Previous hospitalisations: _____
Surgeries: _____
Complications: ❑ Yes _____ ❑ No
Problems with general anaesthesia: ❑ Yes _____ ❑ No

History of trauma
Childhood illnesses _____
Obstetric/Gynaecologic _____
Psychiatric _____
Known allergies and resulting symptoms: ❑ food ❑ latex ❑ medication ❑ other
Contagious infections? (HIV, hepatitis B or C, MRSA, TB)_____
Major illnesses in the immediate family (genetic/familial): _____

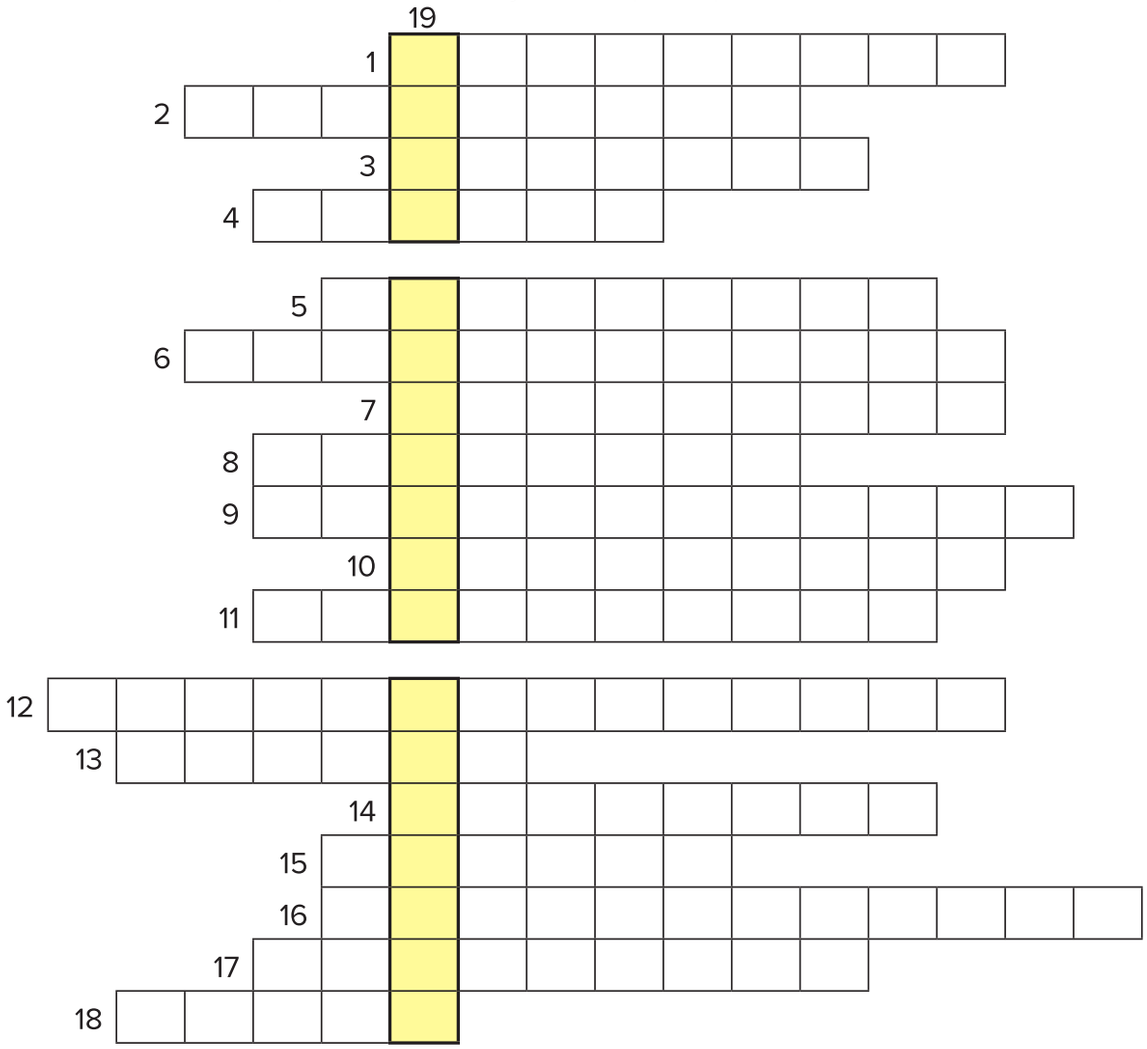
Nutrition
Are you on any special diet? ❑ lactose-free ❑ coeliac ❑ vegetarian ❑ other
Food allergies? _____

Social history:
Are you currently pregnant or nursing?_____
Have you had any overseas travel within the last year? ❑ Yes ❑ No
Please list your hobbies/activities _____
Do you smoke? If yes, how many cigarettes per day? _____
Do you use alcohol. If yes, how many units per day/per week/per month? _____
Have you ever used drugs? (inhaled/intravenous/other) _____

Other considerations:
Would you like to discuss with a social worker/hospital priest? _____
Is there anything not included in this form that you want your doctor to know about you? _____

D Write

Here are some health problems that may come up in a patient interview.



1 Symptoms of this condition are a cough with increasing production of mucus (sputum) from the lungs, fever, breathlessness, wheezing and pain the chest.

2 An inflammation of the liver.

3 'Convulsion' and 'fit' are synonyms for this.

4 A chronic inflammatory disease of the airways. It affects people of all ages, but it most often starts during childhood.

5 A chronic, irreversible disease of the lungs. It is a type of COPD and often caused by smoking.

6 The abbreviation of this disease is TB.

7 This may be one of the symptoms of food poisoning. It is a condition that causes waste matter to be emptied from the bowels frequently and in a watery form.

8 A disease of the nervous system that causes a person to fall unconscious (often with violent uncontrolled movements of the body).

9 The inability to control bladder or bowel function.

10 Inflammation in a joint, usually with swelling, redness, pain and restriction of movement.

11 A common and usually harmless disorder. There may, however, be sudden and rapidly intensifying pain in the upper right portion of your abdomen and even back pain between your shoulder blades. Can develop into an acute inflammation of the gallbladder.

12 Also called underactive thyroid. Symptoms include dry skin, weight gain, increased sensitivity to cold, and slowed heart rate.

13 A bulge or protrusion of an organ through the structure or muscle that usually contains it.

14 STDs stand for _____ transmitted diseases.

15 The sudden death of brain cells due to lack of oxygen caused by blockage of blood flow or rupture of an artery to the brain. Symptoms include sudden loss of speech, weakness or paralysis of one side of the body.

16 A condition of the digestive system. Inability or difficulties in opening bowels.

17 Permanent or temporary loss of voluntary movement. It can affect, e.g., the legs and lower part of the body (hemiplegia) or all four limbs (paraplegia).

18 Feeling like this can be a symptom for quite a number of illnesses. It can make you feel light-headed. Can be a symptom of low blood pressure.

19. Explain the meaning of the term in Finnish

E Quiz

Patient interview.

1 When _____ you born? I _____ born on the 5th of May in 1995.

Sosiaaliturvatunnus? _____

2 When you ask the patient to step on the scales, you'll get the
a. measured weight
b. stated weight

When you ask the patient how much she/he weighs, you'll get the
a. measured weight
b. stated weight

When you ask the patient how tall she/he is, you'll get the
a. measured weight
b. stated weight

3 Lääkemääräys

a recipe
b receipt
c referral
d prescription

4 Non-prescription medicines mean the same as over-the-counter medicines (OTCs)? **Yes** / **No**.

5 Which of the following alternatives mean 'perinnöllinen' when referring to diseases?

a hereditary
b communicable
c familial
d running in the family
e inherited

6 Fill in the missing prepositions:

a Are you allergic _____ antibiotics?
b Are you _____ any regular medication?
c Have you ever been diagnosed _____ an infectious disease?
d Would you like to be tested _____ STDs? (sexually transmitted diseases)
e Has anyone in your immediate family been treated _____ a kidney disease?
f Have you been vaccinated _____ annual flu?
g Could you describe your pain _____ a scale _____ 0–10?
h Has there been deterioration in your health _____ the last six months?

7 Which of the following terms mean ‘omahoitaja’?
You can choose more than one option.

a practical nurse
b assigned nurse
c allocated nurse
d named nurse

8 Which of the following terms mean ‘sairaus, vaiva’?
Again, you can choose more than one.

a complaint
b condition
c disease
d symptom
e disorder

9 What do the following abbreviations stand for?

a GP
b ADLs
c ICE
d ENT
e RN

10 Fill in the missing verb:

a Have you _____ any surgeries before?
(*Onko sinulle tehty…*)

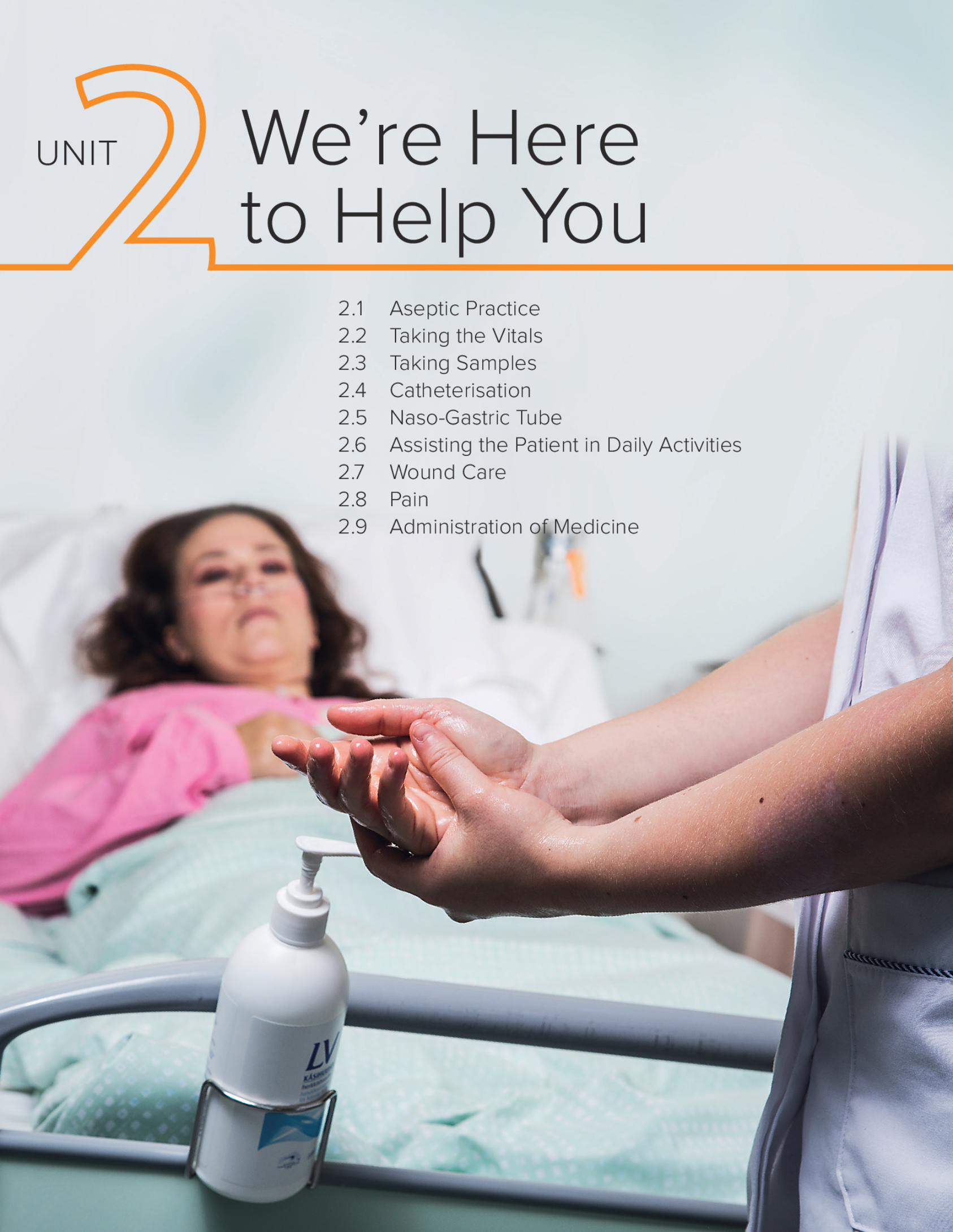
b You’ll be _____ on the morning of your procedure.
(*Sinut otetaan osastolle…*)

c You’re likely to be _____ 4–5 days after your surgery.
(*Sinut todennäköisesti kotiutetaan…*)

UNIT 2

We're Here to Help You

2.1 Aseptic Practice
2.2 Taking the Vitals
2.3 Taking Samples
2.4 Catheterisation
2.5 Naso-Gastric Tube
2.6 Assisting the Patient in Daily Activities
2.7 Wound Care
2.8 Pain
2.9 Administration of Medicine



Washing and disinfecting hands is a simple and effective way of preventing infections.
Careful hand hygiene is the cornerstone of safe and successful patient care.
Gloves are no substitute for good hand hygiene!

2.1 Aseptic Practice

A **Pairwork**

Read out the dialogue with your partner.
Explain the underlined words in your own words.

Taking an MRSA sample from a patient

Nurse Good morning, Betty. How are you today?

Patient Oh, good morning. I slept quite well, and I'm feeling a little bit better than yesterday.

Nurse That's good to hear. We have to take an MRSA sample from you. It's a routine test, and we take it from every patient in the ward.

Patient I think it was taken already the previous time I was here.

Nurse That is possible, but we take it every time when a new patient arrives on the ward.

Patient If I remember correctly, it was a painful procedure. I'm afraid of needles, and that's why I don't want it to be done.

Nurse I can assure you this won't hurt a bit. You must be thinking of some other procedure. We don't use needles with this one.

Patient Oh, well... What is it then?

Nurse I only need two specimens, one from the back of your mouth and another from your nostril. I'll just wipe your mucous membrane with a swab. That's all it takes.

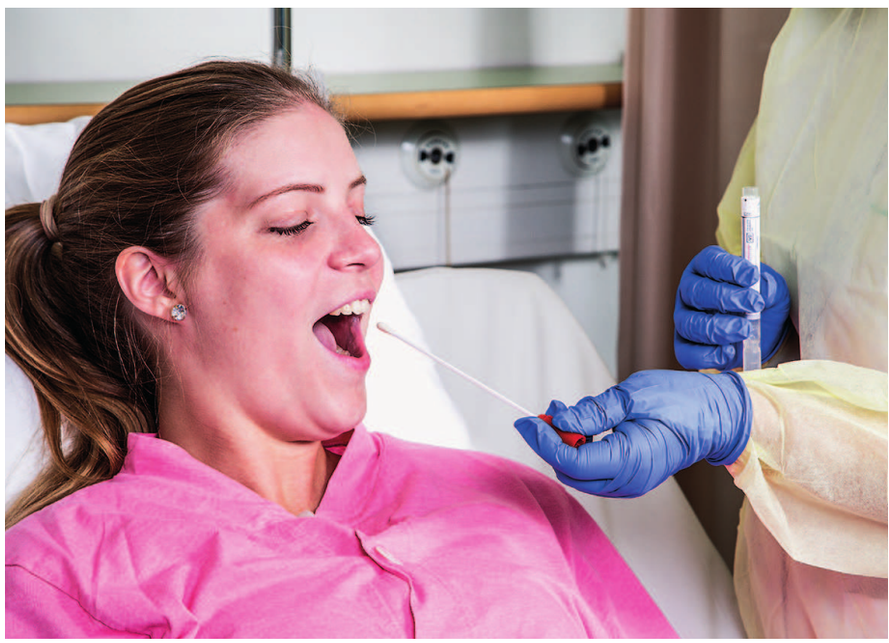
Patient That doesn't sound so bad. It's ok then.

Nurse Excellent. Now, please open your mouth so I can take the first sample.

This may feel a little uncomfortable and might make you gag.

Patient Uh... Was that it?

Nurse Yes, that was the first one. Now the second one. Just relax and look up...



B Write

Fill in the gaps. Find the missing terms in the box below.

Asepsis means the use of practices aimed at defeating or preventing 1 _____ (*tartunta*) of infections, such as MRSA, sepsis and other potentially life-threatening conditions.

Among the fundamental issues when providing care for the patients in hospital is good infection control and 2 _____ (*aseptiikka*).

3 _____ (*altistuminen*) to harmful organisms that cause infections is a major danger to hospitalised patients.

Patients with lowered 4 _____ (*vastustuskyky*) are most 5 _____(*alttiita*) /6 _____ (*alttiita*) bloodstream infections.

Careful hand 7 _____ (*desinfiointi*) is needed, for example,

- before and after every patient contact,
- before and after wearing 8 _____ (*suojakäsineet*),
- before and after aseptic 9 _____ (*toimenpiteet*),
- before and after seeing a patient in an 10 _____ (*eristyshuone*).

11 _____ (*sairaalainfektiot*) are not present at the time of 12 _____ (*sairaalaan tulo / sisäänkirjautuminen*), but acquired in a hospital setting. What makes them especially challenging is the fact that a large number of nosocomial infections are 13 _____ (*vastustuskykyinen*) to antibiotics.

protective gloves	disinfection	procedures	exposure	prone to
hospital-acquired infections	transmission	resistant	admission	asepsis
isolation room	susceptible to	resistance		

Nursing Precautions:

THE PURPOSE: Wearing protective clothing is an essential element of infection prevention and control. Used in creating a safe environment for the patients and the healthcare providers. Used for protection of both the patient and the healthcare provider.	FACE AND MOUTH PROTECTION: Masks protect nurses and patients from airborne pathogens such as spillage and drops, for example, when • the patient coughs and sneezes or • the nurse is suctioning the patient's airway. EYE PROTECTION: Goggles or face shields are used when there is a risk of a patient's body fluids splashing onto a healthcare worker.	GOWNS OR APRONS are worn during procedures and patient-care activities that may involve splashes of blood, body fluids, secretions or excretions.
CLEAN, NONSTERILE GLOVES are used to protect health care workers from skin contamination, e.g., when • touching a patient, • taking care of an isolation patient or • suctioning a patient's airways.	**NURSING PRECAUTIONS:** • Protective clothing • Personal Protective Equipment (PPE) • Isolation measures	STERILE GLOVES are used in • surgical operations, • minor aseptic procedures, such as suturing wounds, or changing the dressings for a newly operated wound.
ISOLATION is a means of placing a patient apart from others to prevent the spread of infection by breaking the chain of infection.	DISPOSABLE ITEMS: used once and discarded. **Gloves are no substitute for good hand hygiene!**	Isolation practices are transmission-based: • air-borne precautions → air-borne infection isolation • droplet precautions → droplet infection isolation • contact precautions → contact infection isolation • blood-borne precautions

C Translate

Study the text about nursing precautions and translate the terms below.

1 varotoimenpiteet _____
2 suojavaatteet _____
3 suojaimet _____
4 suu-nenäsuojukset _____
5 yskiä _____
6 aivastaa _____
7 suojalasit _____
8 suojatakit _____
9 suojaesiliinat _____
10 veriroiskeet _____
11 eritteet _____
12 tehdaspuhtaat suojakäsineet _____
13 steriilit suojakäsineet _____
14 haavojen ompelu _____
15 sidetaitokset _____
16 kertakäyttöiset välineet _____
17 ilmaeristys _____
18 pisaraeristys _____
19 kosketuseristys _____
20 verivarotoimet _____

D Quiz

Which answers are correct?

1 Which of these are dangerous?

- A sepsis ☐
- B asepsis ☐
- C admission ☐

2 Careful hand _____ is needed before and after every patient contact.

- A precaution ☐
- B disinfection ☐
- C magnification ☐

3 This is a means of breaking the chain of infection.

- A contamination ☐
- B transmission ☐
- C isolation ☐

4 These are worn during procedures and patient-care activities that may involve splashes of blood, body fluids, secretions or excretions.

- A capes ☐
- B aprons ☐
- C gowns ☐

5 _____ gloves are used in surgical operations and minor aseptic procedures.

- A nonsterile ☐
- B specimen ☐
- C sterile ☐

6 Patients whose _____ is lowered are at a higher risk of getting infected.

- A membrane ☐
- B MRSA ☐
- C resistance ☐

7 _____ items are used only once and then they are discarded.

- A disposable ☐
- B reusable ☐
- C aseptic ☐

8 This is used to take a sample from a patient's mouth.

- A a gag ☐
- B a swab ☐
- C a rag ☐

9 Hospitalised patients are _____ to harmful micro-organisms.

- A susceptible ☐
- B exposed ☐
- C life-threatening ☐

10 Hospital infections are _____ in the hospital setting sometime after the time of admission.

- A acquired ☐
- B assured ☐
- C awarded ☐

2.2 Taking the Vitals

(BrE: recording the observations)

NOTE!

to breathe = hengittää *Breathe calmly.*
a breath = henkäys *Please, take a deep breath.*
respiration = hengitys

Phrases

Blood pressure

I'll take your blood pressure /Could I check your blood pressure, please.

Please roll up your sleeve.

Can I roll your sleeve up?

I will apply this cuff around your upper arm.

You will feel pressure on your arm.

This will squeeze your arm a little.

Hold still for a moment, please.

(Could I ask you not to speak while I do this?)

Your blood pressure is normal/a little low/rather high/ slightly elevated/raised.

Body temperature

I'll take your temperature.

Let's put this thermometer under your arm.

Try to stay still until the thermometer beeps.

I'm going to take your temperature from your ear. It will take a few seconds.

Respiratory rate

I'll check your respiratory rate.

Please breathe in/out/inhale/exhale.

Just breathe in and out normally.

Pulse (Heart rate)

I'll check your pulse.

Can I feel your wrist, please.

You seem to be a little out of breath. Do sit down for a while and let your heartbeat settle.

Oxygen saturation

This is a pulse oximetry device. It lets us observe/see your blood oxygen levels at all times.

I will attach this sensor onto your fingertip/ earlobe.

A small red light will show once the sensor starts working.

The measuring of oxygen level is completely painless.

Along with taking the vital signs, you can also assess your patient by applying Glasgow coma scale (GCS).

Level of orientation/consciusness

Do you know where you are?

What year is it?/What day is it today?/What is your date of birth?

Who is the President of Finland?

A Listen

Listen to the text and fill in the gaps.
You can find the words in the box.

Taking the vitals

Nurse — Good morning Mrs. Virtanen. How are you doing this morning?
Did you sleep well?

Mrs. Virtanen — Good morning. I didn't sleep very well. My roommate
1 _____ all night.

Nurse — Oh, I'm sorry about that. Okay, I'm going to
2 _____.

Mrs. Virtanen — All right. What do you do first? Do I need to sit up?

Nurse — Yes, you could sit, that`s the best 3 _____.
I can help you. There you go. How are you feeling?

Mrs. Virtanen — A little 4 _____.

Nurse — Let's wait for a while so that your 5 _____
becomes steady. How does your breathing feel now?

Mrs. Virtanen — Today it's fine. Yesterday it was a little difficult at times.

Nurse — Good. I haven't found any problems with your breathing.
Your 6 _____ is normal. Now I'll take your body
7 _____. I'll insert this probe in your ear
to measure your temperature, it takes a few seconds.

Mrs. Virtanen — That was fast. What does it say?

NOTE!

Your blood pressure is 125/75 =
"one hundred and twenty-five over seventy-five"

NOTE!

Take vitals / blood pressure / temperature
TPR (=temperature, pulse, respiration)
Measure height / weight

Nurse Yes, this is better than the old 8 _____ that needed more time. This is really fast. Your temperature is 36.9 degrees. That's good.

Mrs. Virtanen Well that's good news, yesterday it was 37.8 degrees. I feel better than yesterday.

Nurse The 9 _____ have started working on your 10 _____.
Okay, now we have to take your blood pressure. I'll wrap this 11 _____ around your upper arm, and next I will start this blood pressure device. Now, before I start it, you must be quiet and still during the 12 _____, so that we'll get good results. Okay, are you ready?

Mrs. Virtanen Yes, I`m ready.

Nurse I'm starting it now. Your blood pressure is normal: 135/80. But your 13 _____ is a little high: 90. Did you feel 14 _____ while I was measuring your blood pressure?

Mrs. Virtanen Yes, I always do a little bit.

Nurse Okay, I'll measure your pulse later at your 15 _____.
Now your pulse is 72. It's normal, so everything is just fine. Are you feeling alright?

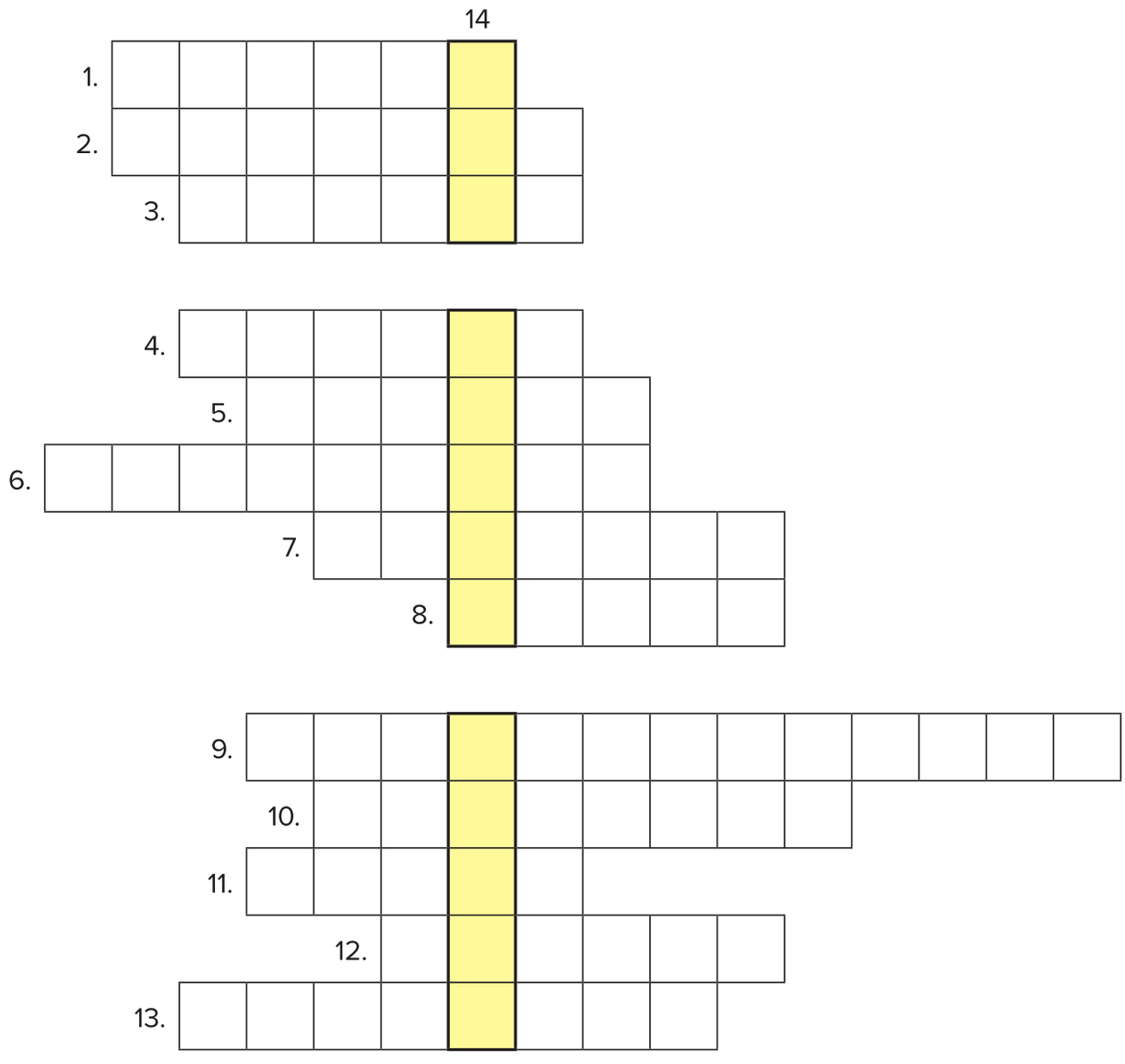
Mrs. Virtanen Yes, thank you very much!

Nurse Good. Ring the bell, if you need something.
I'll come to check up on you later.

blood pressure	thermometer	take some measurements	dizzy	pulse
bronchitis	procedure	wrist	nervous	cuff
respiratory rate	position	antibioitics	was coughing	temperature

B Write

Fill in the crossword puzzle.



1 korkeus, ihmisen pituus
2 hengittää
3 happi
4 hiha
5 laite
6 sormenpää
7 mitata
8 keuhkot
9 tajunta
10 kivuton
11 yskäistä
12 hengittää sisään
13 paine

14. Explain the meaning of the term in Finnish.

2.3 Taking Samples

Blood tests

What is a blood test?

Blood tests are among the most basic tools used in assessment of your health.

They provide valuable information on your general state of health. Blood is usually obtained from a vein in the arm. The necessary amount of blood is drawn into a special tube or tubes which are then sent to a laboratory for analysis.

How is it done?

I'll wrap a tourniquet around your upper arm to make your veins more visible.

Next I'll disinfect the insertion site.

I'll then insert the needle and start obtaining blood.

When the sample has been taken, I'll remove the needle.

You have to press the site with a swab for a while to prevent bruising. Let me tape it on your skin or do you prefer a plaster (band-aid)?

Why are blood tests taken?

- to diagnose or rule out illnesses
- to monitor an existing condition and to check how your medication is working
- to check if you have an infection
- to see how well certain organs (e.g., liver, kidneys and thyroid) are working
- to determine blood type
- to screen for certain genetic conditions
- to obtain blood tests during pregnancy (HIV, rubella)
- to confirm or rule out STDs

Staying as calm as possible

If you don't feel comfortable or if you are scared of seeing needles and blood and feel like you're fainting, please let me know. You could lie down and look elsewhere while I take the sample.

Does it hurt?

The needle feels like an ant bite. If you're nervous, you tend to hold your breath. You should try to focus on your breathing. Breathe in and out calmly.

How to prepare (outpatients)

Be in good time for your appointment in order that you can be sitting still and rested and your pulse is settled to normal resting level. Avoid breathless or vigorous exercise and stimulants, e.g., tea, coffee or alcohol before the test. Some blood tests require fasting. You usually have to be without food and drink up to X hours before the test.

Some important test indicators

- CRP (C-reactive protein)
- Hb (Haemoglobin)
- CBC/FBC (Complete/ Full blood count)
- Fasting glucose
- Lipid profile: Triglycerides
- HDL/LDL cholesterol
- Total cholesterol/HDL ratio
- WBC (White blood cell) leukocyte count
- RBC (Red blood cell) erythrocyte count
- Hct (Haematocrit)

The results

Your doctor or nurse will let you know when the results will be available.

They will also explain what normal results are for your test and what abnormal results mean. If there is anything abnormal with the results, we'll find the best treatment options for you.

A Write

Continue the list of tips for staying calm when having a blood sample taken. Share your own experiences as a parent, a patient or a nurse.

- Read a book or listen to music to take your mind off the procedure.
- Don't stare at any of the equipment while the needle is inserted.
- Close your eyes if you like and think of something nice.
- Ask the nurse to explain what she's doing.
- Squeeze your boyfriend's/girlfriend's hand.

B Pairwork

Based on the pictures below, how would you instruct a patient coming to a blood test? You can find a few examples on the next page.

Please take a ticket from a dispenser and have a seat.

Wait for your number to appear on the display.

We will call you by your name if you have an appointment.

Your nurse will see you in room 3.

Hello!/How are you? Please have a seat./ You can sit here.

Okay, please rest/put your arm here.

I'll wrap a tourniquet around your upper arm to make your veins more visible.

I'll cleanse the puncture site/needle site with antiseptic solution.

I'll disinfect the needle site to prevent infections.

I'll insert the needle and draw blood.

If you don't feel comfortable or if you are scared of seeing blood, please let me know.

You could lie down and look elsewhere while I take the sample.

When the sample has been taken, I'll remove/ withdraw the needle.

You have to press the needle site with a swab for a while to prevent bruising.

Finally I'll apply a plaster to the site.

Now keep your arm very still, this may sting a little.

That went nicely!/Thank you./And now we're done.

Please press the injection site with this swab for a few minutes.

Do you feel dizzy? You can sit here until you feel better.

Urine testing: A mid-stream urine sample (outpatients)

How to prepare

To get a reliable sample the urine needs to be in the bladder for at least four hours. Do not pass urine for four hours prior to giving the sample.

An MSU sample will be collected in the morning, because that is when urine is most concentrated.

Men

Wash your hands thoroughly.

Cleanse your genitals carefully and thoroughly. Use warm running water or a wet paper towel. Repeat a few times, each wipe with a new paper towel.

Do not use soap.

Dry with a paper towel.

Women

Wash your hands thoroughly.

Wash your genital area with warm running water or a wet paper towel. Gently pat dry from front to back a few times, each time with a new paper towel.

Do not use soap.
Dry with a paper towel, again wiping from front to back. Use a clean paper each time.

When menstruating, you may use a tampon when collecting the urine sample. Make sure no blood or discharge goes into the sample.

Maintaining the sterility

Do NOT touch the inside of the collecting container. The bacteria from your hands may contaminate the sample.

Wash your perineal area* before you start.

(*the area between your genitals and anus)

A mid-stream urine sample = Clean catch

A MSU sample means that you don't collect the first or last part of the urine in the container. This reduces the risk of the sample being contaminated with bacteria from your hands and/or the skin around the urethra.

How to collect the sample

To ensure a clean sample, first pass some urine into the toilet.

Without breaking the urine stream, collect the sample into the container. 2/3 full is enough.

Pass the rest into the toilet.

Wash your hands and leave the sample container at the hatch in the wall.

C Pairwork

Giving an MSU sample. Give instructions to the patient. A begins.

Student A		Student B
Teidän/Sinun pitää antaa virtsanäyte.	→	You need to give a urine sample.
You haven't urinated for four hours, have you?	←	**Ethän ole virtsannut neljään tuntiin?**
Pese kädet huolellisesti.	→	Wash your hands carefully/thoroughly.
Wash your genital area/genitals with warm running water. Use a bidet shower or moistened/wet paper towels. Do not use soap.	←	**Tee huolellinen alapesu lämpimällä juoksevalla vedellä. Käytä käsisuihkua tai kostutettua paperia. Älä käytä saippuaa.**
Kuivaa huolellisesti taputtelemalla paperilla edestä taaksepäin. Käytä yhtä paperia vain kerran.	→	Pat dry carefully with a paper towel from front to back. Use each paper only once.
Open the lid of the container. Do not touch the inside of the container.	←	**Avaa näyteastian kansi. Älä koske näyteastian sisäpintaan.**
Laske virtsaa ensin pieni määrä wc-pönttöön. Tämän jälkeen virtsaa näyteastiaan keskeyttämättä virtsasuihkua. Laske loput virtsasta taas wc-pönttöön.	→	Pass some urine into the toilet first. After this, urinate into the container without breaking the stream. Pass the rest of the urine into the toilet again.

Recording an ECG (electrocardiogram)

What is an ECG?

It's a test which measures the electrical activity of your heart to detect or rule out potential heart-related conditions.

It records the heart's rhythm and activity.

Your doctor will interpret the readings immediately and see if there's any abnormal or unusual tracing.

Why is ECG performed?

It is performed when patients have, e.g., the following symptoms:

chest pain and discomfort, general weakness, breathing difficulties (e.g., shortness of breath), nausea, changes in normal heart rhythm, anxiety and fainting.

ECG is taken to find out if a patient is eligible for surgery with general anaesthesia (patients with existing heart conditions).

Does it hurt?

An electrocardiogram is a brief and painless procedure and it usually takes about 5–10 minutes.

How to prepare before the examination?

Undress your upper body and remove your watch or any wrist jewellery.

Ladies must remove their tights.

Do not wear socks as there will be leads in the ankles.

Sometimes chest hair must be shaved off for the electrodes to get good contact with your skin.

Electrocardiogram (ECG)

(Latin)

Elektrokardiogram (EKG)
(Greek)

What happens during the procedure?

You will be asked to lie on the examination table and electrodes will be attached to your chest, wrists and ankles. Electrodes have conducting gel in them.

Curtains will be closed around you for your privacy.

Try to relax during the ECG and do not move or speak.

Breathe calmly.

After the procedure, you can go back to your normal activities.

ECG is an INDICATIVE, NOT a DIAGNOSTIC tool

to examine, for example:

- coronary heart disease
- arrhythmia (slow, fast, irregular)
- heart failure
- cardiomyopathy
- congenital heart defects
- heart valve disease
- pericarditis
- heart blocks
- enlarged heart

Ambulatory 24-hour ECG recording

(Holter monitoring)

The electrodes on your chest will be connected to a small, portable device which you wear as you do your normal daily activities.

The recording device is clipped to your belt.

It won't limit your daily activities.

Keep a diary on your normal daily activities as instructed.

Exercise tolerance test

or Clinical exercise test

A type of ECG which records the activity of your heart as you make it work harder, for example, by walking on a treadmill or riding an exercise bike.

You will be closely monitored by medical staff during this test.

D Listen

Listen to the story of Mr. Hawk.

Mr. Hawk is a 47-year-old lorry driver, who has been experiencing shortness of breath for the past week or so. He has seen a doctor who has sent him to the Outpatients Department for an ECG recording.

Mr. Hawk has various risk factors that are generally associated with coronary heart disease. He is overweight with a BMI of 37, and he has been smoking since the age of 17. He tells the nurse performing the ECG that he eats very irregularly when time allows and that his diet is often fast food type at the truck cafés during long working hours.

Additionally, Mr. Hawk is constantly feeling stressed due to the demands from the manager of the haulage company to meet the set targets.

Nurse Good afternoon Mr. Hawk. My name is Sofia. I'm a cardiology nurse working here.
Patient Hello, I'm Jack. It has become very frightening lately as I don't seem to be able to breathe normally.
Nurse Sure. I looked at your notes earlier, and I see that your doctor may want to examine your heart a bit, so we'll start with the ECG now. Have you had one before?
Patient No, I haven't. I guess I've been very lucky not to have needed one, really.
Nurse Ok, in that case I'll give you an information leaflet to read through, and I'll come back in a few minutes.
Patient Perfect, thank you.

- - - - - - - - - - - -

Nurse Hello again Mr. Hawk. Do you think you're ready? Brilliant, you've already removed your shirt and socks. I will now add your personal details to the memory of the device–could you tell me your full name and date of birth please?

The nurse is checking the patient's identification wristband.

Patient It's Jack Matthew Hawk, 14th February 1969.
Nurse That's correct, thank you.

The nurse notices that Mr. Hawk has already undressed from the waist up and removed his socks as explained in the leaflet. She also sees that Mr. Hawk has a very hairy chest.

Patient Will this hurt at all?
Nurse No, it won't hurt, it's totally painless and very quick. I'll just wash my hands and I'll start. I hope you don't mind, but I need to shave your chest a little!
Patient Yes, I read that in the booklet already. The electrodes need to get in good contact with the skin, I guess.
Nurse That's right. I'm just closing all the curtains now for your privacy–it's important to provide dignity. There are people coming and going here all the time.

The nurse is using a disposable razor and takes off body hair from significant areas on the patient's chest.

Nurse I will now attach the electrodes to your chest, wrists and ankles. Six of them on your torso and two on ankles and wrists. I need to find a correct space for the upper electrodes, so I'll put my hands on your chest.
Patient Yes, of course. Is there anything I must do?
Nurse Just try to stay relaxed while the machine records the electrical activity of your heart. Shakes and tremors will affect the quality of the reading. Right, we're ready. Just breathe normally. This only takes a minute or so.

Patient Great, thank you.

The nurse operates the device, and soon a printed diagram is appearing from the machine.

Nurse Ok, we're done here. I'm going to show this to the doctor, and she will pop round to see you before you go. I'll remove the electrodes now, and you can get dressed again. Thank you!
Patient Do I need to come back another day?
Nurse That's for the medical team to decide. If they want to investigate further, they may request an ultrasound scan of your heart. We call it an echo. We do those here, too. Let's wait and see.
Patient Fine. Thank you so much, Sofia.

The result of Mr. Hawk's ECG showed ischaemia, a lack of oxygen to the heart muscle.

Mr. Hawk had to undergo an angiogram, where a small camera was inserted into the arteries of his heart. He was found to have a severe stenosis of two arteries and is currently on a waiting list for a heart bypass operation.

He is on a sick leave from work, and his condition is currently managed with medication. He has stopped smoking and has been advised to try and reduce his body weight dramatically.

The situation is totally life-changing for Mr. Hawk, and only now does he understand how important it is to lead a healthy lifestyle to prevent atherosclerosis, the narrowing of coronary arteries.

Text by Arja Simola-Pollock

NOTE!

Coronary artery bypass con graft (CABG)
= bypass operation

E Quiz

Read the story of Mr. Hawk and choose the right alternatives.

1 Mr. Hawk had sought medical assistance for shortness of breath.

- ☐ True
- ☐ False

2 According to the text, Mr. Hawk's risk factors include

- ☐ obesity,
- ☐ irregular eating habits,
- ☐ permanent stress and
- ☐ long-term smoking,
- ☐ heavy alcohol consumption,
- ☐ hypertension.

3 Mr. Hawk had undergone ECGs as part of his previous health check-ups.

- ☐ True
- ☐ False

4 During the ECG examination, the patient needs to be barefoot and in underwear.

- ☐ True
- ☐ False

5 Mr. Hawk had shaved his chest at home before the ECG.

- ☐ True
- ☐ False

6 The nurse shows respect for the patient's dignity by providing a screen for privacy.

- ☐ True
- ☐ False

7 Mr. Hawk is very anxious about the potential pain during the procedure.

- ☐ True
- ☐ False

8 Following the ECG, Mr. Hawk had to undergo an angiogram and an emergency bypass operation.

- ☐ True
- ☐ False

2.4 Catheterisation

What is it?	Why is it done?	How is it done?
Insertion of a catheter through the urethra into the urinary bladder for withdrawal of urine. The most important thing is to empty the bladder completely and regularly. A large amount of urine left in the bladder for a long time can cause a urinary tract infection. (UTI)	For example to: Empty the bladder when a patient is unable to pass urine or/and the bladder can't be emptied completely. (urinary retention, bladder distention, obstruction or when there is a need to measure residual urine.)	Help the patient to get into a comfortable position, e.g., semi-sitting or lying down. Ask the patient to relax as if she/he was going to pass urine. Tensing the muscles can contract the urethra which in turn exposes it to more damage.

The nurse:

Gathers the equipment needed for the procedure and prepares the sterile field.

Explains the procedure to the patient and answers questions.

Takes care of the patient's privacy and dignity. (curtains, screen)

Disinfects her hands and puts on sterile gloves.

Cleanses the skin area around the patient's urethra (with the sterile glove or forceps, remembering sterility at every stage).

Urinary catheterisation

Intermittent catheter
= Kertakatetri

How is it done?

Anaesthetic lubricating gel may be used for the procedure.

The catheter is gently inserted into the urethra and into the bladder until urine starts to flow.

catheter /ˈkæθɪtə/

catheterise /ˈkæθɪtəˌraɪz/
→ to insert a catheter into the bladder

catheterisation

urine /ˈjʊərɪn/

urinary bladder

to urinate

urethra /jʊˈriːθrə/

Equipment & instruments:

- a trolley or a tray to prepare the sterile field
- sterile gloves
- solution and swabs to cleanse the genital area
- a disposable pad to be placed under the patient's bottom to protect the bed
- a sterile catheter (collection bag, tubing and a syringe if an indwelling catheter is inserted)
- a kidney basin
- forceps (peans)
- lubricating anaesthetic gel
- urine bottle

Indwelling Foley catheter
= Kestokatetri

Inserted and left in the bladder for continuous drainage of urine. A small inflated balloon keeps the catheter in place.

Purpose:

Maintain a continuous outflow of urine for patients undergoing surgical procedures.

Monitor accurately the urinary output and fluid balance.

A Write

Find the English equivalents for the following words and expressions in the table.

1 katetrointi _____
2 katetrin asettaminen _____
3 virtsaputki _____
4 virtsarakko _____
5 virtsatieinfektio _____
6 virtsata _____
7 virtsaamiskyvyttömyys _____
8 jäännösvirtsa _____
9 puoli-istuva asento _____
10 toimenpide _____
11 steriili alue _____
12 yksityisyys _____
13 sermi _____
14 desinfioida _____
15 puhdistaa iho _____
16 steriilit suojakäsineet _____
17 kärry _____
18 tarjotin _____
19 puhdistusaine ja -lappuja _____
20 kertakäyttöalusta _____
21 ruisku _____
22 kaarimalja _____
23 atulat _____
24 puudutusgeeli _____
25 virtsapullo _____

B Pairwork

Explain catheterisation to your partner in English, step by step.

C Text study

Read the text and fill in the mind map on the basis of the story.

Mrs. Goldfinch is a 62-year-old lady, who recently had to have a total abdominal hysterectomy due to worsening prolapse of her uterus. She has healed satisfactorily concerning the surgery itself but has ended up not being able to pass urine freely.

Nurse Hi Mrs. Goldfinch, how are you? My name is Susan, and I've been asked to give you a urinary catheter due to your acute retention.

Patient Hello. Thanks, I'm not doing too well right now. I've tried to pee, but I just can't and it's getting quite painful. My stomach feels so swollen, and it's quite hard now. The doctor told me I will need a catheter for the time being.

Nurse This won't take long. I've got everything ready here. It's quite normal to go into retention when you've had recent surgery–there may be some adhesions near the wound site preventing your bladder from emptying. Let's do this to give you some relief, and you'll have an ultrasound scan later to see what's happening in there. Are you OK with this?

Patient Yes, fine. I've had a catheter before, so I'm not too apprehensive about it now. Thanks so much.

Nurse Great. Could you undress for me, and I'll give you a good clean down there to prevent any infection. I'll then introduce the catheter, and when it's in the bladder, I'll connect it to the drainage bag and inflate the balloon for it to stay put, and we're done. You can get dressed straight away again then.

Patient Oh that's great. Just one question. Could you give me the smaller day bag for now as I'd like to go to the coffee shop with my grandson later. I'm not sure he'll understand why I've got to pee in a bag!

Nurse Yes, of course. We'll just have to keep track of how much urine you're passing, so remember to tell us when the bag is full. The doctor asked us to keep an accurate fluid balance chart for you. You can, of course, empty the bag yourself, too. Just remember to tell us how much was in the bag, please.

Patient Yes, sure. Great, I'm looking forward to finding out what's happening with my water works!

Nurse Fine, let's get to work. Feel free to tell me if you feel uncomfortable at all.

Text by Arja Simola-Pollock

1 Mikä toimenpide rouva Goldfinchille on tehty?

2 Miksi hänet katetroidaan?

3 Mitä oireita hänellä on ollut?

4 Mistä retentio voi johtua?

5 Millaista sairaalassa tapahtuvaa jatkohoitoa rouvalle suunnitellaan katetroinnin jälkeen?

6 Mitä kotihoito-ohjeita hän saa?

2.5 Nasogastric Tube

Naso-gastric intubation and feeding

What is it?

During this procedure, a thin, flexible plastic tube is inserted through your nostril, down the oesophagus (gullet) and into the stomach.

NGT is often inserted by a nurse, a doctor or by an anaesthetist in the operating theatre before or during a surgery.

Why is it performed?

An NG tube is used to deliver nutrients and medicine to patients who cannot eat or swallow. It is a way to make sure they're receiving enough nutrition and medication.

Other reasons for performing the procedure

NGT is also used to remove gastric contents due to:

- severe vomiting
- recent surgery to provide bowel rest
- suspected drug overdose or accidental poisoning
- intestinal obstruction.

How does it feel?

If you are conscious when the NG tube is inserted, you may feel some discomfort as the tube is passed through the nostril and into the stomach.

Co-operating with the nurse/doctor and following the instructions is likely to make it less unpleasant.

For how long?

An NG tube is meant to be used only on a short-term basis.

Using a temporary NG tube for too long can lead to sinusitis, infections and ulcerations on the tissue of your sinuses, throat, oesophagus or stomach.

Confirmation of the right placement

The placement of the NG tube is checked by:

- drawing out gastric fluid from stomach to test for acidity on pH strips
- taking X-rays
- using a syringe to inject air into the NG tube while auscultating for gurgling sounds

How is it done?

I'll insert the tube while you are sitting in a semi-upright position with your head supported with pillows. It will help if you co-operate (e.g., bend your head) as the tube goes all the way down into your stomach. You are asked to swallow or take small sips of water during the procedure so that the tube can slide more easily.

We're going to interrupt the procedure if you think it's unbearable.

A Listen

Listen to the story of Mrs. Jay.

Mrs. Jay is a 52-year-old personal assistant to a managing director of a sports equipment company in London. Two days ago whilst sitting at her desk at work, she suddenly experienced slurred speech, the left side of her face felt tingly and she couldn't grab the chair to steady herself due to loss of power in her left arm.

Her work colleagues suspected a stroke immediately and called for an ambulance. Mrs. Jay was brought into the specialist Stroke Unit after being treated for acute CVA (cerebrovascular accident) at the A&E department. She's now being NBM (nil by mouth) due to her failed swallowing test performed by the speech therapists the evening before.

Nurse Good morning Mrs. Jay. I'm Mary from your nursing team today. Did you sleep well? I see that you've already got dressed, and you've got a nice clean bed, too.

Patient Oh hello, I'm not too bad this morning. My left side seems to be getting a little stronger now. I feel I'm leaning a little less to the side. I'm very tired, though.

Nurse It's great to hear about the returning power. The tiredness will continue for some time after a stroke, everything feels exhausting. The doctors discussed the feeding tube on their ward round with you a little while ago. Are you still happy to go ahead with that?

Patient Yes, I think so–I'm just a bit scared. It sounds awful...

Nurse Your swallowing isn't at all safe yet, and we must make sure that you get enough fluids and nutrition to recover from your stroke. I'll explain the procedure, and with your co-operation, we'll get the tube in and we can start giving you liquid feed straight into your stomach. That'll make you stronger.

Patient Well, you've got to do what's needed, I guess. How long do I have to have the tube?

Nurse Hopefully not longer than 2 or 3 days... We'll see how quickly the speech and language therapy you are receiving strengthens your ability to swallow.

Patient Ok, that sounds fine, then.

Nurse I'll help you back in the bed where you'll be sitting upright. I can support your left side with the pillows. All my equipment is ready in the clinical room when you're ready.

Patient I think I'm ready now.

The nurse returns with the equipment trolley. The patient is helped back to bed by two people and propped up with a couple of pillows supporting her weaker left side. The nurse shows the patient the things needed for the NG tube insertion.

Nurse This is the flexible nasogastric tube here, and I have a small amount of lubricating gel that also works as a local anaesthetic. First I'll measure the length needed for you. I also have a specially designed piece of plaster for securing the tube to your nose later.

The nurse extends the tube from the tip of the patient's nose around her ear and lowers it onto her stomach. The nurse then marks this point with a piece of tape. The tube itself has length markings, and it is paramount to accurately document the length of the tube inserted at the end of the procedure. The nurse is wearing gloves and an apron for protection. Inserting an NG tube is not a sterile procedure as our noses and throats are not sterile areas.

Nurse OK, let's go. I've lubricated the tip of the tube, and I'm going to pass it from your right nostril down your oesophagus, that's your food pipe, to your stomach. Try to relax and not fight against the tube. It can feel unpleasant, but it shouldn't hurt. Are you OK for me to begin?

Patient Yes, I'm fine.

Nurse Good. Here we go...

The nurse is slowly but steadily advancing the tube into the patient's nostril and when she feels a little resistance she starts pushing it downwards asking the patient to try and swallow. The tube glides in easily and with no problem this time. If the patient experiences any respiratory distress or if there's consistent resistance when passing the tube, the insertion must be stopped immediately. A patient's nose bleed or inability to speak are also signs of the tube not going into the right place.

Nurse Great, we're doing really well here. Does that feel OK to you, no pain?

Patient That feels OK, thank you.

Nurse I'll fasten this tube now onto your nose with this cleverly designed plaster and then secure it to your shirt. I'll also consult the doctor about the potential request for a chest X-ray confirmation.

Patient Really? Why do I need an X-ray?

Nurse Sometimes we need to take an X-ray to make sure that the tube hasn't gone into your lungs or that it is far enough in your stomach. Your tube has been put in for feeding, so we are just making sure. We don't want to push anything into your lungs for sure!

Patient Absolutely not. Is there anything I should do now?

Nurse Just try to make sure that you don't pull the tube out accidentally or that it doesn't get caught in anything. When the doctors have confirmed that your tube is in the correct place, we can commence your feed according to the instructions from the dietitian who saw you last night, right?

Patient Oh, that was Veronica. She explained that the feed will be given via a special pump.

Nurse That's correct. Now we'll just wait for the go ahead from the medics and we're good to go.

Patient Thank you so much, I felt very safe with you.

Nurse You're welcome, I'm glad to hear that.

Text by Arja Simola-Pollock

B Find the English equivalents in the text.

1 sammaltava puhe _____
2 kihelmöivä _____
3 voimattomuus _____
4 aivohalvaus _____
5 akuutti _____
6 ensiapuosasto _____
7 väsymys _____
8 uuvuttava _____
9 lääkärinkierto _____
10 ravinto _____
11 toipua _____
12 nestemäinen _____
13 välineet _____
14 joustava _____
15 liukastava _____
16 paikallispuudute _____
17 rintakehä _____
18 esiliina _____
19 sierain _____
20 epämiellyttävä _____
21 hengitysvaikeus _____
22 nenäverenvuoto _____
23 tutkimuspyyntö _____
24 varmistus, vahvistus _____

C True or False? If the statement is false, explain why!

		T	F
1	The onset of Mrs. Jay's condition had been gradual.		
2	Her initial symptoms included speaking difficulties and unilateral tingling.		
3	She had been admitted to the hospital through A&E.		
4	Her condition had gotten worse overnight.		
5	She was going to have a feeding tube inserted as there were concerns about her swallowing.		
6	Mrs. Jay was asked to lie on her back for the duration of the NG tube insertion.		
7	The stroke had affected the right side of her body.		
8	Before the nasogastric tube insertion, she had been given local anaesthesia by injection.		
9	Inserting a nasogastric tube is a sterile procedure.		
10	Laboured breathing is a complication that can occur when inserting a nasogastric tube.		
11	The correct location of the nasogastric tube was subsequently confirmed by an X-ray.		
12	A dietitian visited Mrs. Jay before the tube feeding commenced.		

2.6 Assisting the Patient in Daily Activities

Phrases

Dressing
Let's begin from your injured arm, shall we.
Put your hand (in) there. Good.
Here are your pants.
Could you lift your foot a little, please.

Undressing
Let's take your shirt/socks off.
Start from your uninjured/healthy side first.

Eating
Let me adjust your bed a little before we start.
You need to sit in an upright position when you eat.
How is your appetite?/Do you like the food?/Is the food okay?
Would you like a bib? Let me help you with this bib.
Here's your sipper cup.
Would you like me to cut the food/potatoes/meat for you?
Would you like some more?/Another bite?/Something else?

WC/Toilet
Here we are. I'll wait over there. Let me know when you're ready.
I'll assist you to sit down.
Please ring the bell for assistance.
I'll wait outside, shout when you're done.
Okay, let me help you stand up first.

A.m./p.m. care
How are you feeling? Did you sleep well?
Here's a comb/hairbrush for you. Would you like to comb your hair?
Would you need a little help in brushing your teeth?
Let's cut your fingernails, shall we?
Do you mind if I help you shave?

Walking a patient
Remember to put on your slippers to avoid slipping on the wet floor.
Are your feet firmly on the floor? Yes? Then we can start moving.
Grab the handrail firmly–and now we're ready to go.
Let's start with the left foot, followed by the right.
Stand up straight, please.
Lean onto your Zimmer frame.
Use your elbow crutch for support. You're doing really well.

Helping the patient to a wheelchair
Let me make sure that the brakes are on.
We'll help you stand on your feet, let's go on three.
Place your hands by your sides and push yourself off the bed.
Lean a little forward.
Well done. Straighten your back now (once the patient is standing).
Hold your head up high. / Look up.
Let's get you into the wheelchair.
Turn around and take a few steps back to feel the chair behind you.
It's safe for you to sit down now.

Medicine round
Here are your morning/midday/afternoon/evening medicines.
Please chew the pill well before swallowing.
Swallow this pill whole. Don't bite on it.
Here's a glass of water.
Let this dissolve in your mouth.

Helping the patient shower
Is the water warm enough?
I'll wash your armpits now.
Let's rinse off the soap and then dry you.
I'll apply some lotion on your skin.
I'm going to give you a bed bath now.

NOTE!

Muista aina kohteliaisuus:
Please...
Would you like...
Should we....
Could you...
Let me know if...
Excuse me...
Pardon?/Sorry?

A visit to the toilet with a nearly immobilised patient

good / good job
well done / good going
nice / that's nice
great / you're doing fine
there you go / here you are / excellent

Here's a walking frame we can take.
Good, now grab it with both hands – great. I'll count to three, and we'll start going on three. One, two, three – very good!

I'm right here to support and guide you. Let's move now, that's it. There is no hurry, we have all the time in the world.

You're doing just fine, keep going. The toilet/bathroom is right there, just a couple of metres further. Okay, let me open the door and we'll go in.

Let's back up a few more steps. Let's lower your pants, and then you can sit down.
Before you lower yourself down, make sure you feel the seat behind your knees.
I'll go out and close the door so you can have some privacy.

It's me again. Are you done? Can I come in?

OK, let me help you with these pants. There you are... Now you can wash your hands.
Would you like to go and rest in your bed?

That's settled then. Let's go. Just hold on to the walking frame with both of your hands, I'm right beside you.

You are doing absolutely great, only a few steps more and we'll be by your bed. There you go.

Here we are. Now you can kick off your shoes. Good. Let me help you lie on the bed... please lift up your feet, just like that. There you go. Are you comfortable?
Here's your nurse call button if you need me/if you should need me.

Washing a long-term bed patient with bedsore

Good morning, did you sleep well?

It's Saturday, 24th of October and it's Alvar's Name Day. Do you know anyone with that name?

Can I put more lights on and open the window shades/blinds?

Let's do our morning wash, shall we? I'll take a look at the sores on your lower back while we're at it.

I'll raise your bed a little.

Have you still been feeling pain in your lower back, or is it better now?

All right, let's start by washing your face. Can you hold this wipe yourself? I'll help you a little. Let's wipe your hands, arms and armpits, and here's some deodorant for your armpits.

Let's wash your private parts next and change the pad/nappy/your underwear. Is the water temperature OK/suitable/good? Are the wipes warm enough?

Now let's turn you on your side. You can grab the bed rail and pull yourself up a little.

Could you grab the bed rail with one hand and turn on your side a little?

I will now help you turn to your side so I can wash your back.

You can turn towards me/to face me. It's all right, you won't fall down, I'll hold onto you.

Let's be careful with the cannula/drain/catheter/lines.

I'll start from your back, and then I'll wash your behind/butt. I'll also take a look at/check the sores and change the dressings.

The wound looks better/less infected than a few days ago. There's still some discharge from the wound. The wound is discharging.

That's it, now you can turn yourself a little towards me. Just like that, great.

Now let's put your pants back on and move you up a little (in the bed).

Please, bend your knees. Now, push yourself up a little with your feet. Let me get my colleague to assist me to help you up the bed using our slide sheets.

Are you comfortable now? Are you in a comfortable position now?

All right, I'll raise your bedhead/the pillow end of your bed and lower the rest (of the bed) back to normal position.

You'll soon get breakfast./Breakfast will be here soon. Would you like to watch the TV/telly/television? Would you like to listen to the radio?

A

Read the phrases on the previous pages. Use them to translate the following examples into English. Remember to be polite!

1 Säädetäänpä hiukan sänkyänne ennen kuin aloitetaan.

2 Voinko lisätä valoja ja avata kaihtimet?

3 Käännetäänpä teidät kyljellenne. Voitte tarttua sängyn laitaan ja nostaa itseänne hiukan.

4 Oletteko vielä tuntenut kipua alaselässänne vai onko se jo parempi?

5 Haavasta tulee märkää ja se näyttää tulehtuneelta.

6 Tarttukaa kahvoihin hyvin. Lasken kolmeen, ja kun sanon ‘kolme’, autamme teidät jaloillenne.

7 Taivuttakaa polvianne. Hyvä, työntäkää nyt itseänne hiukan ylöspäin jaloillanne.

8 Pureskelkaa tabletti hyvin ennen nielemistä.

B

Pairwork

Act out the dialogue with your partner. Your lines are in Finnish – say them in English. Your pair can provide help.

Student A (nurse)

Nurse **Hei! Maistuiko päiväkahvi?**

Patient It’s completely burned and awful, just like every day. They should learn to brew proper coffee.

Nurse **Vien terveisiä keittiölle päin. Meille tulee kohta esiintymään eläkeläistanssiryhmä, lähdettekö katsomaan?**

Patient I’m not interested.

Nurse **Miksi? Viimeksikin kun lähditte niin piditte esityksestä ja musiikista…**

Patient It was when I still could sit in a wheelchair. Now I can’t. I just want to get out of here.

Nurse **Jospa kuitenkin mentäisiin, voin viedä teidät vuoteen kanssa sinne.**

Patient But it’s so cold in there…and it’ll be so much trouble for you.

Nurse **Eihän siitä ole mitään vaivaa. Laitetaan teille vielä tuo villapeitto jaloille niin ei tule kylmä.**

Patient But I’ll only be in everyone’s way there and…

Nurse **Järjestämme teidät kaikki siten että kaikki näkevät ja tanssijoilla on reilusti tilaa tanssia.**

Patient What if I don’t like it there?

Nurse **Olen siinä lähettyvillä ja jos haluatte pois kesken kaiken niin voin tuoda teidät takaisin omaan huoneeseenne. Samalla näette sitä teidän entistä naapuriakin siellä.**

Patient Well all right, just for a few minutes.

Nurse **Hienoa, lähdetään saman tien.**

Student B (patient)

Nurse Hello dear, did you like your afternoon coffee?

Patient **Ihan pohjaan palanutta, ihan samanlaista kuin joka päivä. Keittäisivät edes kunnon kahvia.**

Nurse I'll let the canteen staff know. There's a pensioners' dance group coming to perform for us in a few moments. Would you like to go and see them?

Patient **Ei kiinnosta.**

Nurse But why? You went to see them with me the last time they were here, and you quite enjoyed the show and the music.

Patient **Silloin pystyin istumaan pyörätuolissa, nyt en enää pysty. Kunhan vaan pääsisi pois täältä.**

Nurse Maybe we should still go have a look at least. I can take you there in your bed.

Patient **Mutta siellä on niin kylmäkin... ja siitä on teille vaivaa.**

Nurse It's no trouble at all. Let's put that woollen cover over your feet so you won't get cold.

Patient **Enhän minä ole kuin tiellä siellä ja...**

Nurse We'll arrange all of you so that everybody will see the show and the dancers will have plenty of room.

Patient **Mitä jos en viihdy siellä?**

Nurse I'll stay close to you, and I can take you back to your room if you want to leave before the show is over. Besides, you'll have a chance to meet that old neighbour of yours there.

Patient **No hyvä on, vain vähäksi aikaa.**

Nurse Wonderful, let's get going then.

C **Pairwork**

Create nurse-patient dialogues and act them out with your partner.
You can find help for cases 1 and 2 in the texts above.

1 A depressed elderly person in long-term care

2 A patient with a bedsore is given a bed bath

3 A dizzy patient recovering from anaesthesia wants to use the toilet at the end of the corridor

4 An aggressive patient with multiple diagnoses and a lot of pain

5 A frightened patient who is very nervous about the forthcoming procedure

6 A nine-year-old hyperactive child with a fractured leg

7 A 72-year-old demented patient recovering from a hip surgery is going to have an X-ray two floors down

2.7 Wound Care

Severe wounds are closed with removable or dissolving sutures (stitches). The date of the removal of your sutures is written in your home care instructions.

Make sure that you have a valid tetanus vaccination (period of validity 10 years).

Keep the wound clean

Keep the original dressing on for a couple of days, then change the dressing/ bandage daily until the sutures are removed. Your doctor may tell you to have the wound completely uncovered. A clean wound with no discharge can be left without a dressing. Don't touch the wound.

Keep the wound dry

Do not go to sauna. Keep the wound dry the first two days after suturing (stitching up). After that you can:

- shower it gently with lukewarm water
- pat it dry with a clean towel
- but do not rub the wound.

Do not strain the site of the wound

If the wound is exposed to stretching, it may re-open (even after the removal of the sutures).

Avoid strenuous/vigorous exercise and stretching the area.

Wound Care for a Sutured Wound

Pain management

You're likely to feel pain again after the local anaesthetic has worn* off (wear, wore, worn).

Pain relief: anti-inflammatory drugs or paracetamol.

Intolerable pain → Contact the doctor!

Contact the doctor if:

- increasing pain
- constant, heavy bleeding
- strong, throbbing pain
- swelling
- discharge
- fever
- blood soaks/seeps through the bandage (gauze or dressing)
- the bandages smell
- the wound re-opens after the removal of the sutures/stitches.

Removal of the sutures: after 5 to 14 days

Usually at your local health clinic or occupational health clinic

The sutures are usually removed by a public health nurse/ occupational nurse/ school nurse

a suture /'su:tʃər/
a stitch
to suture a wound
to stitch up a wound

A Pairwork

Give advice to a patient using the phrases in the box.

1. Tutustu hoitajan sinulle antamaan kotihoito-ohjeeseen.
2. Varmista että jäykkäkouristusrokotuksesi on voimassa.
3. Pidä haava puhtaana ja kuivana.
4. Tarkkaile tulehduksen merkkejä.
5. Älä koske haavaan.
6. Vältä turhaa rasitusta.
7. Ota yhteys lääkäriin, jos sinulla on lämpöä, haava vuotaa verta, märkii tai kipu on kohtuutonta.
8. Käy poistattamassa ompeleet terveysasemallasi.
9. Älä käy saunassa tai uimassa.
10. Älä epäröi kysyä lisätietoja haavasi hoidosta!

NOTE!

to bleed = vuotaa verta
to discharge = erittää [märkää ym.], märkiä, vuotaa
to discharge a patient = kotiuttaa potilas sairaalasta

2.8 Pain

LOCATION

Can you pinpoint the exact location of the pain?

Where do you feel the pain? Does the pain radiate? If so, in which direction and to which body parts? (e.g., neck or arm)

You said you feel pressure.

Where? In your chest area? Does your pain appear on both sides or is it unilateral? (on one side only)

INTENSITY

How bad/severe is the pain?

How strong is the pain? On a scale of 1 to 10 how would you describe your pain?
(with 0 being no pain and 10 the worst possible pain)
(As a nurse, it's good to emphasize that 10 is the worst imaginable pain. Some patients tend to say it's ten. Ten is when you think you could die.)

ONSET

When did the pain start?

How did the pain or symptoms start? Suddenly, gradually, twisting, pulling, lifting, fall, bending, hit by an object?

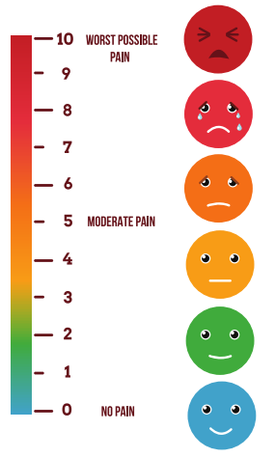
What were you doing when the pain started? When did you first notice it?

AGGRAVATING FACTORS

What seems to bring the pain on?

What makes it worse?

What makes your discomfort / symptoms worse?



DURATION

Is the pain continuous or does it come and go?

Is it constant or intermittent/ on and off?

How long does each episode last?

Do the symptoms vary with time of day?

EASING FACTORS

What eases your symptoms?

What makes your discomfort better?

What have you done to try to feel better?

Is the pain relieved by ice/ heat/rest/sitting/standing/ walking/lying down/ changing position?

Have you taken any medications for the pain?

Are you in pain right now?

Use this pain scale to describe your pain.

OTHER QUESTIONS

Have you seen other health care professionals for this problem?

Have you had any tests for this problem? X-rays, arthrogram, CT scan, MRI, blood tests, ultrasound? How does this injury affect your daily activities? (ADLs) Does the pain affect your work/sleep?

ADLs = activities of daily living (päivittäiset toiminnot)

B Study the following pain adjectives.

What does your pain feel like? How would you describe your sensations?
Tell me where it hurts. Tell me how it feels. Tell me about your pain/discomfort.

aaltoileva	**fluctuating**	Rheumatic pain is often characterized by unexplained **fluctuations** over days, weeks or months.
ajoittainen	**intermittent**	**Intermittent** fever comes and goes (sahaava kuume).
ankara, kova	**severe** /sɪ'vɪər/	Neck pains can range from mild discomfort to **severe**, burning pain.
hallittavissa oleva	**manageable**	With appropriate treatment and therapy, a full life and **manageable** symptoms are very possible for people with pulmonary fibrosis.
hellä, (kosketus)arka	**tender**	The injection site may feel **tender** to the touch for a while.
itsepintainen, hellittämätön	**persistent**	**Persistent** or long-term pains do not respond well to medical treatment and can thus be very frustrating.
jatkuva	**constant**	People with multiple sclerosis are likely to suffer from **constant** body aches.
jomottava	**aching** /'eɪ.kɪŋ/	**Aching** back, aching muscles
jäytävä	**gnawing**	**Gnawing** pain is dull and constant discomfort, for example, in the abdominal area.
kalvava	**nagging**	The patient diagnosed with helicobacter complained of **nagging** abdominal pain, belching and heartburn.
kihelmöivä, pistävä	**tingling**	The patient with anaphylactic shock had experienced swelling and a **tingling** sensation in his lips after eating fish.
kipeä, arka, hellä	**sore**	**Sore**, stiff and tight muscles are a common outcome of prolonged sitting and slouching over a computer.
kohtalainen	**moderate**	Most often chickenpox is mild to **moderate** and self-limiting, but sometimes serious complications can occur.
kouristava	**cramping**	Her period was late and she was experiencing some **cramping** and spotting.
kutiava	**itchy**	Hives is an extremely **itchy** rash with raised large welts on the skin.
lievä, vähäinen, heikko	**mild**	A mosquito bite can cause **mild** swelling and slight pain.
lävistävä	**piercing**	Among the symptoms of lower lobe pneumonia, a patient may suffer from **piercing** pain with coughing.
musertava	**crushing**	A **crushing** sense of pressure in the centre of the chest.
pistävä, vihlova, viiltävä	**stabbing**	Pleuritis can cause sharp, knife-like **stabbing** pain when breathing.

polttava	**searing**	The patient felt **searing** pain in his left knee after colliding with another player in a football match.
polttava	**burning**	The symptoms of angina pectoris may include a **burning** sensation in the chest.
polttava, kirvelevä	**stinging**	Allergies often affect the eyes. Typical symptoms include redness of the eyes, **stinging**, and excessive tearing.
puristava	**squeezing**	Uncomfortable pressure, **squeezing** and fullness in the centre of the chest can be a warning sign of a heart attack.
puristava, kuristava	**tight**	A **tight** feeling in the throat and difficulty swallowing can be signs of thyroid disorders.
sietämätön	**intolerable/ unbearable**	One of the major purposes of postoperative pain management is to alleviate a patient's severe and **intolerable** pain.
säteilevä	**radiating**	Sciatica pain is often experienced as a shooting, searing and **radiating** pain.
terävä, äkillinen	**sharp**	Sprains and strains are likely to cause **sharp**, immediate pain resulting from a fall or a sudden twist.
tunnoton, puutunut	**numb** /ˈnʌm/	Paresthesia means a tingling, pricking, burning or a **numb** sensation on the surface of the skin.
tuskallinen	**excruciating**	**Excruciating** backache may feel like someone was twisting a knife in your back.
tuskallinen, ahdistava	**agonizing**	**Agonizing** toothache, agonizing wound
tykyttävä, sykkivä	**throbbing**	The most common symptoms of a migraine attack include **throbbing**, unilateral headache.
vaimea	**dull**	**Dull** ache is not severe, but rather a mild discomfort that continues for a long time.
vihlova	**shooting**	Toothache can be very debilitating. The pain can be sharp, **shooting** and it can be aggravated by hot or cold fluids.
vähäinen, lievä, heikko	**slight**	Chickenpox usually starts with a **slight** fever and red spots on the upper trunk.
äärimmäinen	**extreme**	Dislocations can cause **extreme** pain and immobility.

C **Figure out the health problem on the basis of the definitions given below. Pay attention to the various ways of describing pain. You'll find the list of conditions on the following page.**

1 Cramping pelvic pain that may get worse during menstruation. The pain stabs the area below the stomach and just above the groin repeatedly with no obvious pattern, i.e., it comes and goes. This pain affects you both in sleep and when awake. It tires your body and can eventually cause chronic fatigue.

_____

2 Usually the pain appears in your upper belly but may also spread to your right upper back or shoulder blade area. It may be steady, or it may come and go. It may also get worse when you eat. Other symptoms include nausea, vomiting and other digestive problems, such as bloating, indigestion and gas.

_____

3 The symptoms of this disease include tingling, numbness, weakness or a heavy feeling in the arms or legs. There may be stiffness and muscle spasms or a tightness in the chest. An emotional element may be involved – this condition can cause distress, fear, anger and frustration which in turn affects how you deal with it. The pain can be exhausting, and it can affect your mood and the ability to do everyday activities. It can lead to paralysis of upper/lower limbs.

_____

4 A sudden tingling in the left arm can be a symptom of an impending attack. You may start to feel very lightheaded or dizzy with one side of your body beginning to droop. Your speech becomes slurred, and you develop severe, sudden headache.

_____

5 This condition is most common among the elderly. The symptoms include fever, muscle aches, extreme fatigue, severe chest pain, sore throat, breathlessness and wheezing. Chest pain may feel like you have a broken rib.

_____

6 The most common symptom of this condition is a painful bulge or a lump in the groin area. There is often discomfort, especially when bending over, coughing or lifting. There may also be weakness, pressure or a feeling of heaviness in the abdomen. Some sufferers experience burning and gurgling at the site of the bulge.

_____

7 This condition causing pelvic and abdominal pain is prevalent among women. There is a strong, persistent urge to urinate and sometimes incontinence. It's very common to experience burning or scalding pain and a stinging sensation when passing urine.

_____

8 This is a disease caused by the reactivation of an earlier infection with chickenpox viruses that have lain dormant. It causes a painful rash of small blisters usually on one side of the trunk. You may also experience itching, tingling and a stinging sensation along with unilateral stabbing pain.

_____

9 Signs and symptoms of this disease range from mild to severe. You may experience anything from slight discomfort to severe pain including nausea and vomiting. Inflammation and ulceration may affect the normal movement of contents through your digestive tract and may lead to abdominal pain and cramping. Strong intestinal cramping can contribute to diarrhoea.

_____

10 Aching, dull, grinding, hot or throbbing joint pain can be signs of this disease. The pain and stiffness affects your hips, knees, or fingers. The pain is persistent in nature, and it is accompanied by swelling.

_____

UTI (urinary tract infection)	stroke	pneumonia	Crohn's disease
multiple sclerosis	endometriosis	inguinal hernia	gallstones
rheumatoid arthritis	shingles		

D Pairwork

Work with a partner and describe the sensation of pain or symptoms in the conditions of your own choice in as much detail as you can. You can use the list below or describe another health problem you're familiar with. Your pair will guess which condition you're describing.

1	**migraine**	migreeni
2	**labour contractions**	synnytyssupistukset
3	**food poisoning**	ruokamyrkytys
4	**angina pectoris**	rasitusrintakipu
5	**common cold**	vilustuminen, nuhakuume
6	**influenza, flu**	influenssa
7	**ear infection**	korvatulehdus
8	**fibromyalgia**	pehmytkudosreuma
9	**appendicitis**	umpilisäketulehdus
10	**chickenpox**	vesirokko
11	**gall stones**	sappikivet
12	**gastric ulcer**	mahahaava
13	**facial stroke**	kasvohermohalvaus
14	**sinusitis**	sivuontelotulehdus
15	**tenosynovitis**	jännetuppitulehdus
16	**toothache**	hammassärky
17	**menstrual pains**	kuukautiskivut
18	**cramp**	suonenveto
19	**herpes labialis/cold sore**	huuliherpes
20	**cystitis**	virtsarakkotulehdus

E

Also discuss the conditions on the previous page from the perspectives below.

What makes migraines worse?
Is there anything you can do to relieve menstrual pains?
What is the onset of sinusitis like?
Does facial stroke have a sudden or gradual onset?
For how long does food-poisoning usually last?
Is it self-limiting (it runs its own course) or is there something you can do to get better faster?

quality of pain
location of pain
intensity of pain
duration of pain
onset of pain
aggravating factors
easing factors

F

Read the nurse's description of Miss Sparrow's situation and do the vocabulary exercises on the following page.

- Miss Sparrow here was just brought in by paramedics with excruciating lower abdominal pains radiating to her lower back. The dull non-stop pain started this morning after breakfast, and she'd vomited twice before calling for help. The pain is vice-like, gripping and hasn't let her get up or walk really at all today.
- She's just had more morphine to ease the pain. She'd taken Paracetamol and Ibuprofen at home. We're waiting for the surgical reg to come and see her urgently. He's busy in A&E, but will be here as soon as he's able.
- Miss Sparrow hasn't eaten since her breakfast, and we've kept her nil by mouth as the clerking doctor thinks it may be appendicitis. In that case, they'll operate as soon as there's room at the theatres.
- She says she's been feeling nauseous, and she is also pyrexial at 38.7. She describes feeling hot and cold and unable to focus on anything really. Her BP was quite low at 94 systolic, but that's correcting with the IV Hartmann's running at 166 ml/h. She feels generally weak, and her mouth is dry. She's fed up and quite tearful at times as she has a new baby at home. Her partner is there with the little man.
- She's normally fit and healthy, she is a personal trainer actually. She has no known allergies though she did mention having had Penicillin in the past that gave her some sort of rash. This was a long time ago, so she's unable to tell for sure. There were no alerts in her file for this though.
- So we'll see what the surgeons say and we'll take it from there. Blood tests have been taken just in case, and the checklist has been started in case they take her in immediately. A pregnancy test has been taken too, and it came back negative.
- She's supposed to be on duty tonight at the gym where she works, but she's phoned in sick a little while ago.

Text by Arja Simola-Pollock

Find the English translations
for these words.

1 vatsakivut

2 ensiapu

3 ei ruokaa tai juomaa suun kautta

4 umpilisäketulehdus

5 leikkaussali

6 ihottuma

7 kirurgi

8 raskaustesti

Find synonyms
for these words in the text.

1 agonizing

2 emergency care nurse

3 to throw up

4 to relieve/to alleviate pain

5 to feel sick

6 feverish

7 intravenous medication

8 on call

G

Read the descriptions of various health problems concentrating on the expressions describing pain. Fill in the gaps with the terms given below. There are hints in Finnish at the end of the exercise.

1 _____ usually manifests as a 2 _____ onset of cramping or aching pain in the middle of the abdomen. The pain usually develops quickly, travelling to the right lower part of the abdomen over the next few hours. This is where the 3 _____ normally lies. This causes 4 _____, sharp pain. The pain is likely to become more constant and 5 _____ than the 6 _____, aching pain that occurs when the 7 _____ start. Typically the pain becomes worse and worse over 6–24 hours.

gradual	symptoms	dull	appendix	localized	appendicitis	severe

A lot of people describe the feeling of kidney stones as a 8 _____ knife-like pain on one side of the back or lower abdomen. The pain often begins 9 _____ and then lingers, becoming more 10 _____ over time. The pain may spread to the groin and lower abdomen. The patient may experience 11 _____ pain, or the pain may come and go 12 _____. Sometimes the pain lasts longer while fluctuating in 13 _____.

in waves	abruptly	intense	sharp	constant	intensity

Migraine sufferers experience mild to 14 _____, or even severe, constant, 15 _____ pain or pressure. The 16 _____ usually last from four hours to three days. The headache is usually 17 _____, in other words appearing on one side of the head. The pain is 18 _____ (i.e., pulsating) and made worse by movement. Other symptoms include photophobia, phonophobia, 19 _____ and vomiting.

attacks	nausea	moderate	unilateral	throbbing	band-like

Severe 20 _____ and heart attack can be hard to tell apart. The condition is more likely to be a heart attack if you experience a crushing sense of pressure, fullness or 21 _____ in your chest. Cardiac pain presents itself as 22 _____ or burning. Reflux-related chest pain may feel sharp, knife-like and tender. Some people describe it as a boring or aching 23 _____. People with GERD (gastroesophageal reflux disease) or NCCP (noncardiac chest pain) may have temporary, severe chest pain when taking a deep breath or 24 _____.

The discomfort brought on by breathing or coughing and sudden 25 _____ pain lasts only or a few seconds while the intensity level of cardiac pain remains unchanged when you breathe deeply.

sensation	squeezing	coughing	stabbing	heartburn	tightness

HINTS

1 umpilisäketulehdus
2 astelttainen
3 umpilisäke
4 kohdentunut (tietyssä paikassa esiintyvä)
5 vakava, kova, ankara
6 vaimea
7 oireet

14 kohtalainen
15 "vannemainen"
16 kohtaukset
17 toispuoleinen
18 sykkivä
19 pahoinvointi, kuvotus

8 terävä
9 yhtäkkiä, äkillisesti
10 voimakas
11 jatkuva
12 aaltoilleen
13 voimakkuus

20 närästys
21 ahtaus
22 puristus
23 tuntemus
24 yskiessä
25 pistävä

2.9 Administration of Medicine

Cannulation and starting IV

Let me wash and disinfect my hands first, so I can start your drip. I'll apply a tourniquet (a tight band) around your upper arm to see and feel your veins better. Let's try to find a suitable vein. I'll cleanse your skin with antiseptic solution. I'm going to disinfect my hands again. Now I'm going to cannulate the vein (with a needle, then I'll remove the needle). Inserting the needle will feel uncomfortable, but please keep your arm still. Now you'll only see the cap of the cannula; this is where the medicine goes in. I'll apply a dressing on the cannula so that it won't slide out.

WHY is it performed?
A cannula is a small, flexible tube that is inserted into one of your veins so that medications, fluids and blood products can be administered directly into the bloodstream.

How to take care of a cannula?
- Keep the sterile dressing clean and dry.
- Keep it covered when taking a shower.

Do not touch the cannula or the drips attached to it. It may lead to infection or an incorrect dose of a medication.

"We're going to start you on a drip for antibiotics."

Where is it inserted?

IV lines are usually inserted in the forearm or back of the hand.

For how long?

The cannula should be replaced every three days.

Signs to pay attention to at the cannulation site:
- redness
- swelling
- skin irritation
- pain or discomfort
- discharge

These can be signs of infection and need to be taken care of.

Does it hurt?

It may hurt a little when the needle is first inserted into the skin, but it won't last long.

Some medications or fluids may cause a little pain or sting.

Sometimes this means that it is time for the cannula to be changed.

Let your nurse know if
- the cannula appears blocked and no drops are detected
- the dressing gets loose, dirty or wet
- there are signs of infection
- the cannula is not in place (it has slid out)
- you're going to take a shower

A Pairwork

Give advice to a patient. Use the words and phrases on the previous page.

1 Älä koske kanyyliin tai letkuun.

_____

2 Jos kanyyli irtoaa, pyydä hoitajaa paikalle.

_____

3 Pyydä apua soittokellolla, jos haluat käydä suihkussa.

_____

4 Katso, että letku ei ole mutkalla, jotta nesteen tippuminen ei esty.

_____

5 Kerro hoitajalle jos kanyylin alueella tuntuu kipua.

_____

6 Älä kastele kanyylia kun käyt suihkussa.

_____

B Translate

Here are a few typical bedside phrases. Translate them into Finnish.

1 The paramedic that took care of you on site had obtained IV-access in order to administer the first doses of analgesia / to correct hypovolaemia caused by the sudden blood loss / to administer IV-fluids to bring up your blood pressure.

2 We'll start you on an IV drip to help with the dehydration.

3 The doctor may decide to start you on a drip to replace fluids.

4 The blood tests have detected an imbalance of electrolytes, so we'll put you on a drip that has added potassium in it.

5 Your haemoglobin levels are too low today due to your bleeding during the surgery, so we need to transfuse one unit of red blood cells shortly.

6 The drip seems to be going a little bit too slowly. Would you keep an eye on it and let us know if it stops completely?

7 Please keep your elbow straight if you can whilst the fluid is going through. The tube gets kinked very easily if you keep bending your arm.

8 The doctor requested me to give you a dose of magnesium intravenously right now due to your persistent arrhythmia.

9 If you have any unusual sensations during the infusion, like severe burning or tingling, please let us know immediately.

10 I'm putting up a TPN now for your aunt. It stands for total parenteral nutrition to replace her normal diet as she's unable to swallow at present due to her severe stroke.

11 Due to your unstable blood sugars and you being nil by mouth, the diabetic team has decided to commence a sliding scale insulin infusion. You'll be given a small amount of insulin and dextrose continuously, and we'll monitor your blood sugar levels hourly, altering the giving rate of insulin if required.

12 Your cannula site shows signs of infection. There's visible swelling, redness and it's feeling tender to touch, so I'm going to remove it.

13 Because of the burns on your abdomen, you'll be in danger of becoming very dehydrated, so I'll put up a bag of saline to replace the fluids you've lost.

14 This antibiotic can be given as a push–just a slow injection directly into the vein via your cannula. We also call it a bolus.

15 We'll put you on a glucose drip./We'll give you glucose intravenously. We'll monitor your blood sugar levels closely.

The six rights before any IV-medications are being administered.

The right patient

With the right medication

At the right dose

At the right time

By the right route

Following up with the right documentation

Text by Arja Simola-Pollock

C Fill in the gaps in the text. Use the words in the box below.

1 We'll start you on an _____ to help with the dehydration.

2 The doctor may decide to start you on a drip to replace the _____.

3 The blood tests have detected _____ of electrolytes, so we'll put on a drip that has added potassium in it.

4 Your haemoglobin levels are too low today due to your bleeding during the surgery, so we need to _____ one unit of red blood cells shortly.

5 Please keep your elbow straight if you can whilst the fluid is going through. The tube gets _____ very easily if you keep bending your arm.

6 The doctor requested me to give you a dose of magnesium _____ _____ right now due to your persistent arrhythmia.

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11 Because of the burns on your abdomen, you'll be in danger of becoming very dehydrated, so I'll put up a bag of _____ to replace the _____ you've lost.

12 This _____ can be given as a push–just a slow injection directly into the vein via your _____. We also call it a bolus.

13 The paramedic that took care of you on site had obtained _____ in order to _____ the first doses of analgesia.

transfuse	kinked	antibiotic	fluids x 2	intravenously
sensations	saline	monitor	nutrition	an imbalance
administer	IV-access	IV drip	unstable	cannula x 2

D Dialogue

Mr. Eagle is a 42-year old patient on Dermatology Ward, who has an infected abscess in his left groin area. He has been feeling generally unwell and has had a temperature for the past three days. The abscess was drained by the surgical team, and a sample of the drainage was sent for culture and sensitivity shortly after his arrival to the ward.

Nurse Good evening, Mr. Eagle. My name is Lena, I'm the ward manager. How's your temperature this evening? Do you feel feverish at all?

Patient Hello. I'm a bit sweaty and shaky actually, so I don't think I'm out of the woods just yet. I keep drinking lots of water.

Nurse Your culture results are just back, and they show that your antibiotic works against the infection your abscess has caused. It's good that you have remembered to drink water. It's always good to keep yourself well-hydrated, especially with temperatures like yours.

Patient Oh, I see. I suppose I'll have to stay in for the treatment then.

Nurse Yes, that's right. Have you had an allergic reaction to any medicine before? Do you normally tolerate all the antibiotics well? Later on, you can tell me if there's anything at home that needs seeing to. You'll be looking into staying at the hospital for the next few days at least.

Patient Oh dear! Never mind, this needs to be sorted out. Penicillin caused me a hive-like rash on my chest and neck, all over my torso really, when I had it for a wound infection last summer. I mustn't have that again!

Nurse Yes, we are aware that you've had these symptoms after having had penicillin. The doctor has prescribed an alternative here so you should be fine with this.

Patient That's OK then. I'm happy with that.

Nurse This is an antibiotic that is given as a drip over 30 minutes, so I'll just put this up for you now. I'm going to wash my hands and pop on my gloves and we're ready. You'll have the second dose early tomorrow morning.

Patient Thank you. Is there anything I should be aware of?

Nurse If you could just stay here by your bedside while the infusion is running, that'd be great. Also, could you please call us when the medicine has gone through, so we can come and flush the line for you. Your call bell is right here for you.

Patient Will do, thanks very much.

Text by Arja Simola-Pollock

E Pairwork

Create nurse-patient dialogues and act them out with your pair.

1 red blood cells for an anaemic patient
2 IV antibiotics for a patient with sepsis
3 morphine for a trauma patient
4 fluid therapy for a dehydrated patient
5 insulin for a diabetic with hyperglycaemia

F Related terminology: Modes of administration.
Combine the expressions with the appropriate definitions.

1	**oral**	_____	A	applied externally
2	**sublingual**	_____	B	through the nose and into the stomach, usually by means of a tube
3	**buccal**	_____	C	to or by way of the ear
4	**intrapulmonary**	_____	D	into the space around the dura mater of the spinal cord
5	**rectal**	_____	E	within the vertebral column
6	**submucosal**	_____	F	directly into the trachea
7	**intramuscular IM**	_____	G	to or by way of the mouth
8	**intravenous IV**	_____	H	into the rectum
9	**epidural**	_____	I	directly into the intestines
10	**intrathecal**	_____	J	into the urethra
11	**inhalation**	_____	K	within a muscle
12	**intraspinal**	_____	L	beneath the skin
13	**topical**	_____	M	within or into a vein or veins
14	**parenteral**	_____	N	within the lungs or bronchi
15	**enteral**	_____	O	beneath the mucous membrane
16	**subcutaneous**	_____	P	beneath the tongue
17	**auricular**	_____	Q	within the respiratory tract by inhaling orally or nasally
18	**endotracheal**	_____	R	by injection, infusion, or implantation
19	**nasogastric**	_____	S	toward the cheek, generally from within the mouth
20	**urethral**	_____	T	within the cerebrospinal fluid

G Modes of Administration – Phrases to use

1 Orally

Tablets–capsules–granules–powder–liquid
(solutions, mixtures, syrups, drops, suspensions)

Swallow the capsules with plenty of water one hour before a meal.
Take the tablet/capsule 15–30 minutes before going to sleep.

Take the tablet/capsule standing or sitting in an upright position.

Do not open the capsule. Do not crush, break or chew the capsule or the tablet.

Enteric coated tablets (like aspirin) and capsules have a special coating to protect you from stomach irritation. They dissolve in the small bowel.

Shake the medicine bottle well (to make sure that the medicine is evenly dispersed throughout the bottle).

Measure your dose carefully using a medicine spoon, medicine cup or measuring syringe (oral syringe).

Make sure you continue to take this medicine until you finish the course prescribed.

Remember to take your medication as directed by your doctor.

Some medicines have special instructions. It is important to follow these instructions to ensure your medicines work properly and to protect you from unwanted side effects.

NOTE!

medicine = lääke
drug = lääke, päihde, huume
street/recreational drugs = huumeet
prescribed drugs = reseptilääkkeet

2 Through enteral feeding tube

These medications are administered by the nursing staff into your NG tube.

The pharmacist has dispensed this medicine in suspension form compatible with your nasogastric tube (liquid form).

This medicine requires a 50 ml water flush of your tube after administration.

The patients with PEG feeds are usually self-caring with all concepts of their nutritional needs (PEG = Percutaneous endoscopic gastrostomy).

NOTE!

to insert a tube
to insert a cannula
to insert a needle
to insert a catheter

The Nurse **inserts an intravenous cannula** into a patient's vein, and through that, the patient gets intravenous fluids.

3 Injections

Iron is given as a slow, intramuscular injection.

Vitamin B12 has a very unpleasant smell and is administered into the gluteal muscle as an injection.

Magnesium can be given as a slow IV-push over 5 minutes.

Certain strong analgesia will be given as intramuscular injection.

Injections in preventing blood clotting are given subcutaneously (under the skin).

4 Infusions

Intravenous antibiotics are usually given as infusions over 30–60 minutes.

This infusion has added potassium in it.

Commonly used drips are often administered via special flow regulating pumps (or, pumps that regulate the flow rate).

Insulin can be given as an ongoing infusion when blood glucose is unstable.

5 Inhalers

Salbutamol is inhaled from the blue hand-help pump device.

Nebulisers used on respiratory wards are classed as inhalations.

Medical oxygen (O_2) is inhaled via various different masks depending on the concentration needed.

This medication for asthma is actually a tablet that this special device crushes for it to be inhaled.

Nitrous oxide inhalation (laughing gas) is often used with good effect to ease the pain of labour contractions.

6 Topical

Eczema creams are applied topically.

Medical paste is a topical ointment used in prevention and care of pressure ulcers.

The medicine for psoriasis in the scalp is an oil-like topical solution.

The gel must be rubbed into the affected area using slow circular movements.

Slow releasing medicated plasters are widely used in treating chronic pain conditions.

Nicotine patch needs to be changed every 24 hours.

NOTE!

to apply ointment, cream, lotion/a bandage, a dressing, a plaster
to apply adhesive tape to make the tube stay in place
to apply lotion onto the skin

7 Rectal

Suppositories aimed to relieve constipation are used rectally.

The patient was very confused and accidentally swallowed the rectal capsule.

An enema was given due to hard faecal mass in the descending colon.

This foam is used to treat haemorrhoids and is applied directly into the rectum.

Text by Arja Simola-Pollock

NOTE!

IV lines

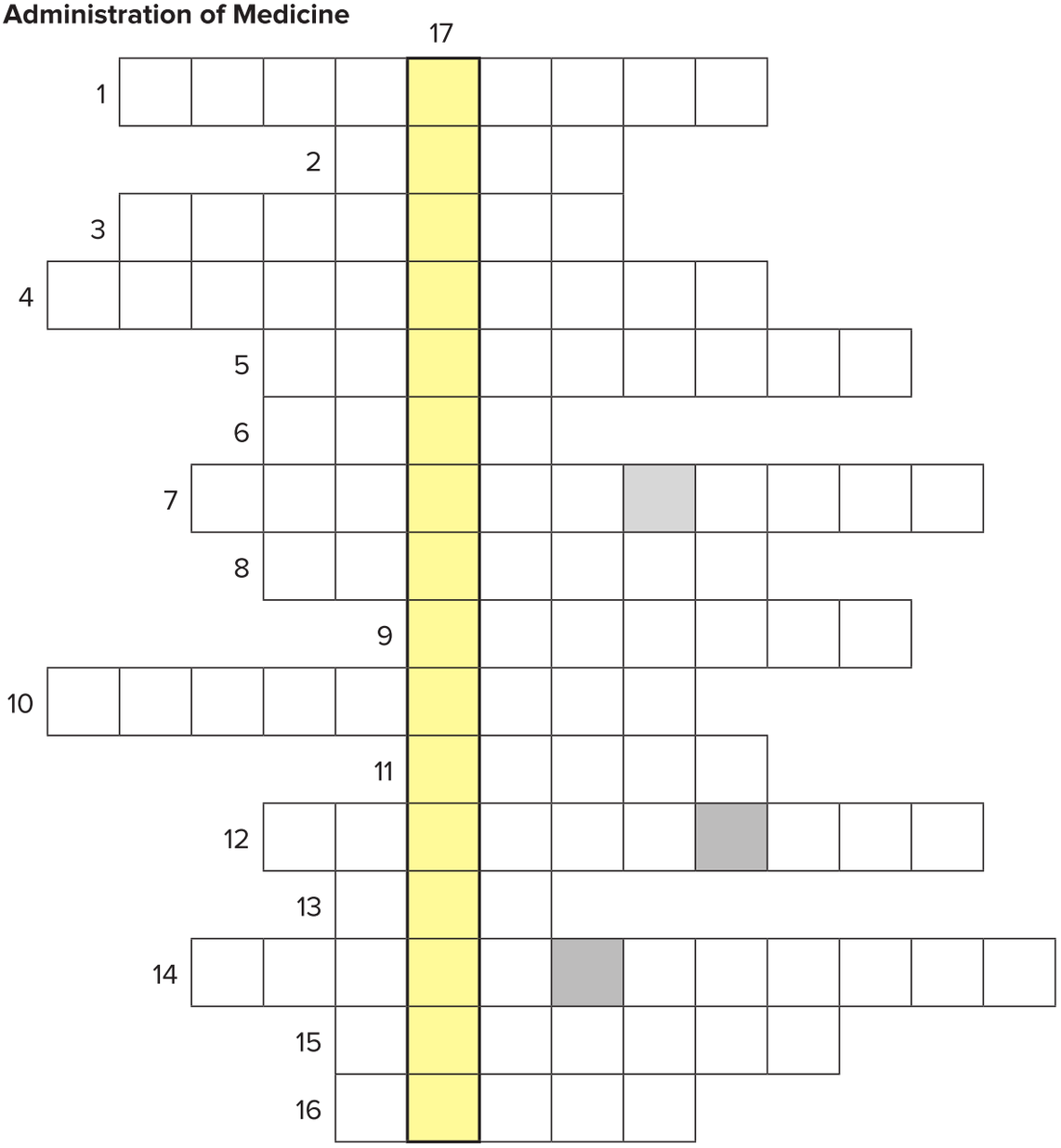
IV line doesn't prevent you from taking a shower.
This pump will calculate the flow rate of the IV fluid automatically.
The usual site for a cannula is the back of the hand.
To put the patient on a drip./The patient is on a drip.
You will be on intravenous fluids.
You will be given fluids through an IV-cannula.

H Pairwork

Give instructions on how to take medicines. A begins.

A		B
Älä keskeytä antibioottikuuria.	→	Do not interrupt the course of antibiotics.
Don't open the capsule. Do not crush, break or chew the capsule or tablet.	←	**Älä avaa kapselia. Älä murskaa, riko tai pure kapselia tai tablettia.**
Niele kapselit kokonaisina runsaan veden kanssa noin tunti ennen ateriaa.	→	Swallow the capsules with plenty of water approximately one hour before a meal.
Take the capsule or tablet on an empty stomach.	←	**Ota kapseli tai tabletti tyhjään vatsaan.**
Älä käytä alkoholia tämän lääkkeen kanssa.	→	Do not drink alcohol with this medicine.
This medicine may cause fatigue.	←	**Tämä lääke saattaa aiheuttaa voimakasta väsymystä.**
Tämä lääke vaikuttaa ajokykyysi.	→	This medicine affects your ability to drive.
Insulin can be given as an ongoing infusion when blood glucose is unstable.	←	**Insuliinia voidaan antaa jatkuvana infuusiona, kun verensokeri on epävakaa.**
Lapsen iholle voidaan laittaa Emla-voidetta tai -laastari ennen rokotusta.	→	Before the injection, we can apply Emla cream or plaster on the child's skin.
Emla is a local anaesthetic to numb the skin and relieve your child's sensation of pain.	←	**Emla on paikallispuudute, joka puuduttaa/turruttaa ihon ja lievittää lapsen kivuntuntemusta.**

Administration of Medicine



1 The procedure of administering a liquid medicine or drug into a patient by using a syringe and a special needle.
2 A specified amount of medication to be administered at one time.
3 A medical device with a hollow tube, a plunger and a needle. It is used to inject fluids into or withdraw fluids from the body.
4 Medications that can be given simultaneously without changing the effects of each other or causing any new responses.
5 Also called opioid pain relievers. Used only for extreme, severe pain that cannot be relieved by other types of painkillers.
6 A small bottle for holding medicines, for example insulin.
7 Medicines that have exceeded this date should be returned to the pharmacy.
8 A tube that is inserted into the body to bring in or remove fluid.
9 Cups, dosing spoons, droppers and oral syringes are called measuring _____.
10 Patients can inhale/breathe in medicine (in the form of mist) with this.
11 Medication _____ is a record of orders and administration of medicines.
12 Used needles and other similar waste items belong in the _____.
13 Abbreviation for non-prescription medicines.
14 When a medicine produces a _____ in the patient, it works like a poison.
15 Some pills and powders dissolve/disappear completely when placed in a glass of water. Because of this, they are called _____ medicines.
16 The administration of a medicine in a liquid form into the rectum.

17. Explain the meaning of the term in Finnish.

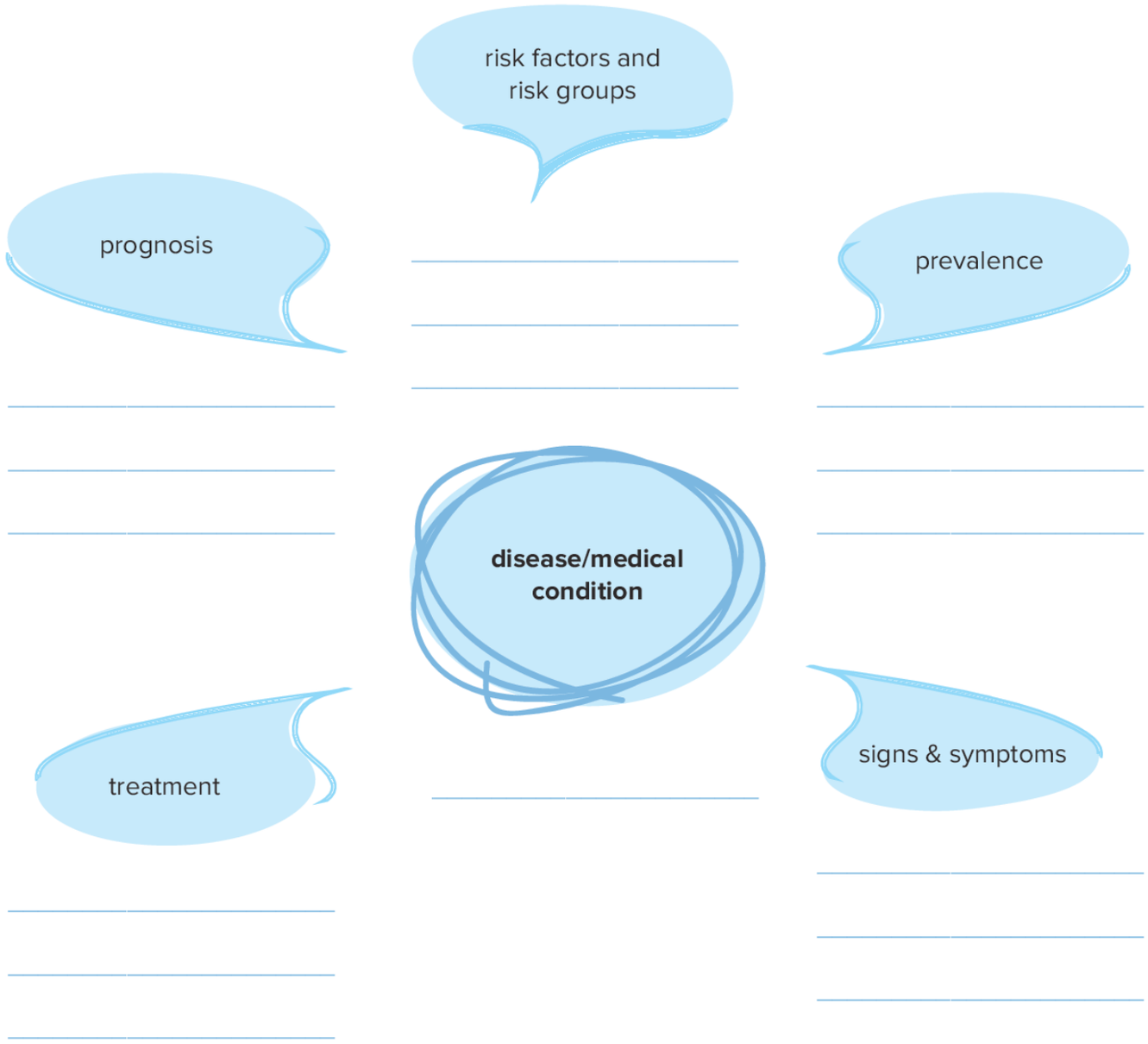
UNIT 3

We're Taking Care of You

3.1 Medical Diseases and Conditions
3.2 Surgical Nursing
3.3 Paediatric Nursing
3.4 Psychiatric Nursing

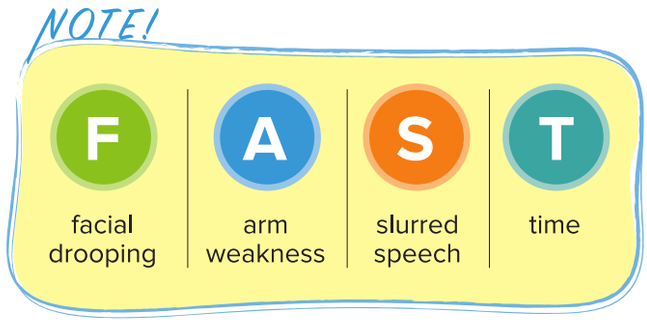
3.1 Medical Diseases and Conditions

A **What medical conditions that require hospital care are typical in Finland? Choose one that you are familiar with and fill in the mind map below.**



STROKE

B **Translate the underlined words into Finnish.**
Explain the words to your partner in English in your own words.



As I was halfway through my usual morning routine of black coffee and e-mails, I felt a sudden wave of dizziness come over me. It seemed like everything around me was swaying and spinning back and forth, and my left hand was tingling and felt oddly numb. Soon my arms felt limp, and it became nearly impossible to grab anything. I got a little scared and stood up from my chair, but my feet couldn't carry me anymore. When I finally got up on my feet and began walking to get some water, I realised it was like only one side of me was doing the walking.

The right half of my body went completely numb, and my speech turned into a slur. I had been suffering from strong muscle tension around my shoulders for several weeks. I should have made an appointment with a physio weeks ago, but I hadn't so I thought the symptoms were simply a result of my negligence. It's very likely I wouldn't be here to tell this story if my colleague hadn't been so alert and aware of my symptoms early enough.

The doctor's diagnosis was shocking: I had had a stroke and was immediately given a sick leave of three months to start with. I was given fibrinolytic therapy and clear home care instructions. I wasn't allowed to drive my car or exert myself.

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____

12 _____

13 _____

14 _____

15 _____

16 _____

17 _____

18 _____

19 _____

20 _____

C Find information

Give answers to the following questions about strokes.

1 What are the signs of a stroke?

_____

2 Why is there a need to act fast during a stroke?

_____

3 Who is at risk of having a stroke?

_____

4 How can you reduce the risk of a stroke?

_____

5 What is the prevalence of strokes in Finland?

_____

D Pairwork

The patient in the story was admitted during your work shift. Inform your colleague about what happened to the patient. Pay attention to the following details.

- past medical history?
- medications?
- pain?
- symptoms?

CANCER

E Listen

Listen to the following cancer cases.

Case 1: male, 75 years, lung cancer

I have been smoking for almost sixty years. I began at the age of fifteen as my friends smoked. At that time, almost everybody smoked from a very early age, and we were sweetly unaware that such a product could be unhealthy. At first it just tasted bad, but soon I was both physically and socially addicted to it. Not until I had grown up did I realise the dangers, and I tried to quit every now and then. However, two years before the diagnosis, the first signs of cancer emerged although I couldn't admit it. Neither did I go to see the doctor. Finally, I sought help from health care, but at that point the lung cancer had spread widely and nothing could be done. I received treatment, but it was only a struggle against time without any hope of recovery. I'm extremely sorry for my wife, children and grandchildren because our life together was abruptly interrupted due to my self-induced and short-sighted behaviour. I trust that the next generation will be wiser and won't begin smoking.

Case 2: male, 50 years, melanoma

I was a hardworking private entrepreneur who wasn't afraid of challenges. My company was prosperous, and the pace at work was tense. The career path had already required several years of hard work, some of those in Australia. New orders came and went, everything was hectic, and there was simply no spare time for me. My health was basically good. I was almost never sick, and I tried to find some time for exercise every now and then to keep myself in shape. As a matter of fact, I never saw a need to visit a doctor. However, I gradually started to experience some back pain and eventually made an appointment with a doctor. At the health centre, the doctor took a look at my back, and something on my skin caught his attention. A mole on my neck seemed darker than they normally do, and the doctor referred me to a skin specialist immediately. Two weeks later I underwent an operation where the mole was removed. The analysis revealed a malignant tumorous growth. Two years and two check-ups later, I was declared a healthy person again – the cancer was gone.

F Group work

Choose one of the two stories and draw up a list of Frequently Asked Questions (FAQ) about the cancer type mentioned in the text. Exchange the FAQs with another team and answer the questions.

Cancer Treatment

G **Write**

Fill in the gaps with the words in the box.

NOTE!

There are new methods of cancer treatment emerging, for example, immunotherapy: see Unit 3 Extras.

The treatment of cancer can include chemotherapy, 1 _____ (*sädehoito*) and surgery.

The type of treatment needed depends on the type and 2 _____ (*vakavuus*) of cancer.

3 _____ (*solunsalpaajahoito*) is used as a complementary means to eliminate fast-growing cancer cells in the body. It is usually administered intravenously.

Some forms of chemotherapy can be given orally, intrathecally or into the 4 _____ _____ (*selkäydinneste*). The duration of chemotherapy treatment depends on the type of cancer and the patient's 5 _____ (*vaste*) to the drugs. The patient may receive daily, weekly or monthly chemotherapy treatments. Sometimes treatment is given in cycles to allow rest between periods of chemotherapy treatment.

Although chemotherapy is an 6 _____ (*tehokas*) way to treat many types of cancer, it also carries a risk of short-term and 7 _____ (*pitkäaikaiset*) side effects. Some of them are mild and 8 _____ (*hoidettavissa oleva*), while others can cause serious complications. Your doctor can prescribe 9 _____(*pahoinvointilääkkeet*), as well as other medications, to 10 _____ (*ehkäistä*) as many of the side-effects as possible.

NOTE!

Side-effects of chemotherapy include:

nausea	mouth and throat sores
vomiting	diarrhoea
fatigue	constipation
hair loss	anaemia
skin problems	abnormal bleeding
kidney damage	liver damage
heart problems	oedema

increased risk of infections (due to bone marrow destruction)

anti-nausea medicines	counteract
long-term	effective
radiation therapy	treatable
cerebro-spinal fluid	severity
chemotherapy	response

RELATED TERMINOLOGY	
hoitojakso	**treatment period**
varotoimenpiteet	**precautions**
elinvaurio	**organ failure**
diagnosoida syöpä	**to diagnose cancer**
leikkaus	**surgery, operation**
luuydin	**bone marrow**
hoidon kesto	**the duration of the treatment**
yhdistelmä-/liitännäishoito	**adjuvant therapy**
kuulovaurio	**hearing defect**
sädehoito	**radiotherapy**
röntgensäteet	**X-rays**
säteilyannos	**radiation dose**
toipua jostain	**to recover from**
kasvain	**tumour**
hyvän-/pahanlaatuinen	**benign/malignant**
eristyshuone	**isolation room**
estolääkitys	**preventive medication**
solunsalpaajahoito	**cytostatic treatment**
keskuslaskimokatetri	**central vein catheter (CVC)**

H Pairwork

Translate the following sentences into English. A begins.

A		B
Onko hoito aiheuttanut kipuja?	→	Has the treatment caused any pain/discomfort?
Do you have an appetite? Have you been able to eat?	←	**Onko sinulla ruokahalua? Oletko pystynyt syömään?**
Yritä syödä pieniä annoksia kerrallaan.	→	Try to eat small portions at a time.
Do you feel nauseous/sick?	←	**Voitko pahoin? Kuvottaako sinua?**
Oletko oksentanut?	→	Have you vomited?
How about your bowel movement?	←	**Miten vatsa on toiminut?**
Onko sinulla ollut kuumetta?	→	Have you had any fever?
Your blood count will be taken soon.	←	**Sinulta otetaan pian verenkuva.**
Syöpähoidolla on muitakin haittavaikutuksia.	→	Cancer treatment also has other adverse effects.
However, there are various medications available for the side effects.	←	**Sivuvaikutuksiin on kuitenkin saatavilla lääkityksiä.**

HEART DISEASE

Listen

Listen to the story of Mr. Paul Smith and make brief notes while listening. Summarise the story to your partner afterwards, focusing on the most relevant information.

Paul Smith sits on his balcony trying to breathe normally. Lying flat and trying to sleep is impossible. While in bed, he was experiencing a feeling of suffocation; now the cold air seems to bring some relief to his condition. The weird sensation began a few weeks ago on a flight from Turkey after he had enjoyed a few drinks. After the journey, his legs got swollen, especially around the ankles, and a total fatigue followed. Even during a short walk, he felt exhausted and suffered from what he thought was heartburn. He had existing problems with his digestion and thought nothing more of it.

One morning, the pain gets worse deep in his chest, radiating to the left arm, too. His wife decides that it's time to act and takes him to see his doctor. What she doesn't know is that her husband is having a heart attack!

There are two main coronary arteries in the heart that divide into various smaller branches. Their job is to transport oxygenated blood to the heart muscle. Adequate oxygenation is vital for the heart to be able to do its work. Sometimes the coronary arteries become narrowed due to cholesterol plugs caused by excessive saturated fat. Unbalanced diet, obesity, lack of exercise and hypertension (commonly known as high blood pressure) – poor living habits in general – exacerbate this process.

Gradually, the affected coronary artery narrows so much that blood can't flow properly. As a result, the heart muscle lacks oxygen-rich blood and starts to send alarming pain signals. The pain is often experienced in the chest but can also be felt in the jaw or in the back. Strenuous exercise, like shovelling snow or skiing, can bring the pain forward. Existing coronary heart disease can be completely asymptomatic, too.

Sometimes the cholesterol bulge in the coronary artery tears itself off the artery wall spreading the deposits into another narrowed part in the arteries, which causes a rapid decline in the blood flow. Within seconds, the affected artery may become totally blocked. This is myocardial infarction, commonly known as a heart attack.

The signs of a heart attack are often vague. Sometimes even a severe infarction is difficult to identify. A person suffering from a heart attack may not necessarily collapse. Some people feel strong, tight, vice-like pain that can radiate to the jaw, arm, back or shoulder. The pain can resemble an old sports injury, or sometimes

there is no pain at all. Extreme sweating, feeling sick and nausea are common symptoms, too.

Reacting late to the symptoms is common. Many decide to drive themselves to the hospital, but this is very dangerous as a heart attack is a medical emergency. The Smiths arrived at the health centre just before midday. They queued and waited as was expected and finally got to see the nurse half an hour later. She suspects there is something wrong with his heart and performs an ECG, i.e., an electrocardiogram test. When the result prints out, there is a marked rise in one of the parameters, the ST segment. It indicates a major lack of oxygen and an ongoing, severe heart attack.

Paul is in life-threatening condition. One third of such patients won't make it due to a fatal arrhythmia known as ventricular fibrillation (VT) before the correct treatment. Even without arrhythmias, the ongoing lack of oxygen to the heart muscle can have devastating consequences. Therefore, rapid actions are needed. The doctor rushes in and gives Paul oxygen via face mask and a dose of Aspirin. An emergency call to paramedics has already been dialled, and his condition has been described. Paul has got a classification C, meaning that he should receive his treatment within 30 minutes. Luckily, there is an ambulance nearby, and Paul is bluelighted to the University Hospital for further treatment.

Paul made a full recovery after receiving the clot busting thrombolysis treatment in A&E followed by an admission to Cardiac Critical Care Unit (CCU). He had a coronary angiogram which revealed two blocked arteries and resulted in a bypass operation, known as CABG. After his discharge from the hospital, he followed the nurse-led cardiac rehabilitation programme with ongoing support from his cardiologist and the nursing team.

Adapted from Helsingin Sanomat (2015)

J **Decide whether the following statements are true [T] or false [F]. Correct the statement if necessary.**

		T	F
1	Mr. Smith suffered from respiratory problems after the journey.		
2	His wife was aware that Paul was having a heart attack.		
3	Fatty deposits may block the blood flow in the coronary artery.		
4	Coronary arteries supply oxygenated blood to the heart muscle.		
5	Poor lifestyle contributes to the risk of developing heart disease.		
6	The symptoms of a heart attack are always clear.		

K Write

Find the following words in the previous text.

1 sairaus, sairauden tila _____
2 aistimus, tuntemus _____
3 närästys _____
4 ruoansulatus _____
5 sepelvaltimo _____
6 happipitoinen _____
7 tyydyttynyt rasva _____
8 (liika)lihavuus, ylipaino _____
9 korkea verenpaine _____
10 raskas liikunta _____
11 oireeton _____
12 lyyhistyä, pyörtyä _____
13 tehdä EKG-tutkimus _____
14 sydämen rytmihäiriö _____
15 ohitusleikkaus _____

L Pairwork

Paul is about to participate in the nurse-led cardiac rehabilitation programme. Instruct your nurse colleague in the nursing team and explain Paul's treatment history in English in your own words according to the Finnish clues.

- hengitysongelmia → lomamatkan jälkeen jalat turposivat → närästystä tai ruoansulatusvaivoja?
- kivun pahentuminen → säteilee vasempaan käsivarteen → lääkäriin vaimon kanssa → Paulilla sydänkohtaus, josta eivät ole tietoisia
- hengenvaarallinen tila → ensihoidoksi happea ja Aspiriinia → nopea toiminta → hoitoluokitus C (30 min) → jatkohoitoon yliopistosairaalaan
- liuotushoitoa ensiavussa → varjoainekuvaus → ohitusleikkaus → kotiutus → sydän-kuntoutusohjelma → täydellinen toipuminen

RELATED TERMINOLOGY	
sydämen varjoainekuvaus	**coronary angiography**
pallolaajennus	**cardiac angioplasty**
sydämentahdistin	**cardiac pacemaker**
verisuonten kalkkeutuminen	**furring up/calcifying of blood vessels/veins**
valtimotauti, ateroskleroosi	**atherosclerosis**
verisuonten ahtautuminen	**narrowing of arteries**
saostuma	**deposit**
tukkeuma	**blockage**
sepelvaltimotauti	**coronary heart/artery disease**
iskeeminen sydänsairaus	**ischaemic heart disease**
sydämen vajaatoiminta	**heart failure, cardiac failure**
statiinit	**statins**
beetasalpaaja	**beta blocker**
monipuolinen ruokavalio	**varied/balanced diet**

DIABETES

Jack is a 43-year-old unemployed man from Cardiff. He used to be very active when he was younger: he worked at a local primary school as a caretaker and played rugby in the evenings, enjoying the odd pint with his mates in the pub on Saturdays. Life was good and only got better when Jack got married to Kate and they had two lovely boys. Jack was genuinely happy.

But then his world fell apart. Kate left, took the children and moved to Scotland. Jack became depressed, started drinking too much and had too many take-away meals and late nights. He lost his job due to not turning up to work on time. He started smoking weed.

Jack became overweight. He no longer wanted to exercise, nor did he pay much attention to his diet. He saw no light at the end of the tunnel. He missed his kids, whom he only saw on school holidays. Life was hard, and Jack was thinking of ending it all. He drank nearly every evening and woke up frequently with a hangover.

Lately Jack had been waking up at night with a thirst that he couldn't quench. He woke up feeling weak and dizzy on getting up, was sweating constantly and needed to pee a lot more than usual. He felt his heart racing and he was often short of breath. Finally Jack decided that it was time to get help. He wanted to change, to be there for his children if nothing else.

Soon after, Jack saw his GP and had blood tests. The doctor directed him to a specialist endocrinology clinic as his liver and kidney profile weren't in balance. Jack also saw a nurse who referred him to counselling – his depression had a reason, and he had bottled up his feelings for a long time now.

The biggest issue that was ravaging Jack's body was also discovered. With so many risk factors and long-time neglect of his body, Jack knew that with this new diagnosis, he had to change.

Text by Arja Simola-Pollock

M Pairwork

Work with your partner on the following questions and assignments.

1 Look at Jack's symptoms in the story. What could his new diagnosis be?
2 As a nurse, how would you advise and assist Jack?
3 Think about the multi-disciplinary teams working in the health field. What resources are there available for you to take action as a health care professional?
4 What drastic and complete changes should Jack do to put his life on the right course again?
5 Write a dialogue between Jack and a nurse at an appointment and talk about the measures you'll be able to take to help Jack.

Melissa's story

Melissa was diagnosed with type 1 diabetes at the age of seven just before starting her second year at school. Looking back, she hadn't been feeling her usual lively self, but we had thought it was due to the heat wave we had had that summer. We were taken totally by surprise when a routine appointment with a GP ended up with Melissa receiving an urgent referral to the Paediatric Clinic at the University hospital from where she was further admitted to the Paediatric Intensive Care Unit (PICU) with severe hyperglycaemia. One day at the PICU was followed by a week-long orientation period on Paediatric Ward with other newly diagnosed children with diabetes. She seemed to enjoy her stay there with other child patients and the day room full of cool toys to play with. The diabetics felt privileged as they could go to kitchen and help themselves to snacks, and thus learn to calculate their carbs. The hospital nannies kept the children busy with arts and craft activities. The care routines were first taught with a teddy bear. Melli was a real trooper and wanted to handle the injections by herself right from the beginning. Little did she realise that this was now to be her everyday routine. Birthdays, Christmases, holidays, sick days, sunny days, rainy days, good days and not so good days – there are no days off from diabetes.

We soon noticed that there is much more to diabetes than calculating carbs and injecting insulin accordingly. Diabetes would be challenging with the daily care routines alone and having to be vigilant with what you eat, but there are so many additional elements. Exercise, even the previous day's activities can cause surprising lows on the following day. Excitement can sometimes do tricks on the blood sugar levels and so can infections and fever. Stomach flu is a nightmare. Carbs are needed to keep the blood sugar at the safe level, but with vomiting, the primary goal is just to get some glucose absorbed into the bloodstream in one way or another. Sugary drinks and glucose tablets come to the rescue in these situations. During the first year, our daughter suffered an insulin shock caused by the combination of an excess dose of insulin, too much exercise and not enough carbs – a scary experience that kept us parents on our tiptoes for a long time.

After the diagnosis, Melli soon resumed her normal activities. I sometimes joined the field trips to give her a day off from care routines should the excitement take over, say in an amusement park. If she was too busy to

stop for a blood glucose check or forgot to eat, I'd be there to give her snacks. In my eyes, my diabetic daughter was more active – swimming for hours and climbing up trees – than many of her computer-bound peers. She trained dancing for hours a week for many years and achieved brilliant success in competitions.

During nine years of diabetes in the family, there has been worrying, frustration and disrupted sleep due to sometimes having to monitor blood glucose even at night. The injection sites have developed hardenings and bumps, and currently her HbA1c is not within the reference values. Hormones and menstrual periods caused fluctuations in blood sugar levels. The years have, however, been full of life, and for the most part diabetes hasn't stopped my girl from enjoying the activities she has put her heart into. My daughter's goal, like probably most diabetics', is to be able to say "I control diabetes, diabetes doesn't control me." There is also a lot of hopeful anticipation in our family towards the improved treatment options brought about by advances in type 1 diabetes research worldwide.

N Find information

Discuss and reflect upon the following questions in small groups. Share your own experiences (if they are not too painful or confidential).

1 As a nurse, how would you advise and motivate diabetic teenagers who are tired of taking care of their condition?

2 Why can diabetes be especially challenging in puberty?

3 How do you recognise the emotional fatigue that may affect a diabetic?

4 What kind of signs and symptoms are there in emotional fatigue related to diabetes?

5 What can the consequences of emotional fatigue be?

6 How can you motivate and support a diabetic to commit to the treatment?

7 Discuss the significance of a person's own resources in coping with a chronic disease.

8 Act out a dialogue between a young diabetic and a nurse at the diabetes follow-up appointment.

Diabetes care devices

Pairwork

Get familiar with the diabetes care devices below and teach a newly diagnosed diabetic to use them.

A traditional insulin pump is a small computerised device that you can wear under your clothing on your belt. It delivers insulin directly into the bloodstream throughout the day. The insulin pump is composed of a disposable reservoir for insulin, a disposable infusion set including a cannula and a tubing system.

Using an insulin pump can make life with type 1 diabetes more flexible. It can offer improved glucose levels and thus a better quality of life. The insulin pump can be easily disconnected for activities such as swimming, showering and contact sports (for two hours at maximum). The newest insulin pumps are really small, lightweight and don't have any tubes. They are even more flexible to use than the traditional ones.

An insulin pump, infusion set and a cannula

An insulin pen is composed of an insulin cartridge, a dial to measure the dose and a disposable needle to deliver the dose. A new needle should be used for each injection. Today's insulin pen needles are so thin and short that the injections are almost painless. Of course some injection sites may feel more tender than the others, and after all, the sensation of pain is subjective. Some diabetics actually feel that injecting insulin is less painful than doing the blood glucose check by pricking one's fingers.

Insulin pens:

A prefilled pen = esitäytetty kynä (kertakäyttökynä)

A durable pen and an insulin cartridge = insuliinikynä ja kynänsäiliö

Disposable pen needles = kertakäyttöneulat

Types of insulin pens:

A durable pen uses a replaceable insulin cartridge. Empty cartridges are disposed of, and a new one is inserted in the pen.

A prefilled pen is entirely disposable. The pen comes prefilled with insulin, and when the insulin cartridge or reservoir is empty, the entire unit is discarded.

Types of insulin:

Bolus:

- Rapid-acting insulin. Injected immediately after or immediately before main meals.
- Short-acting insulin. Injected 20–30 minutes before a main meal.

Basal:

- Long-acting insulin. The basic amount of insulin your body needs continuously for normal metabolism.

It is important that proper **injection sites** are used. Recommended sites are abdomen, parts of the buttocks and thigh areas. The diabetes nurse reminds the patient about the proper injection technique and inspects the injection sites at every follow-up appointment.

To measure blood sugar, you have usually needed a separate blood glucose meter, a lancet device and a test strip. Now there are more alternatives (e.g., smart all-in-one devices) available for diabetics.

The fingertip measurement is being replaced by a more convenient and user-friendly method employing a small, disposable sensor inserted in the upper arm. The sensor measures blood glucose levels automatically and stores them for a period of 8 hours. Blood glucose can be obtained quickly by just scanning the reader over the sensor.

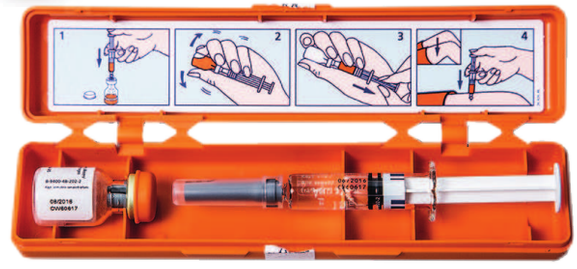
Even if you take very good care of yourself, sometimes you may have high blood sugar (hyperglycaemia) or low blood sugar (hypoglycaemia).

If you suffer from a hypo, these will allow other people to act quickly and help you.

Wear a diabetes bracelet in case of an emergency.

Carry 'I have diabetes' card with you at all times.

Blood glucose and ketone meter, blood glucose meters, test strips, lancet devices/lancet pens, lancets



NOTE!

Make sure you have your diabetes supplies available at all times and let your family and friends know where you keep them. Always carry glucose tablets or a sugary snack with you to treat an insulin reaction.

P **Pairwork**

Study the words below. Consult a medical dictionary on the definitions of the concepts that are unfamiliar to you.

monipistoshoito (basal – bolus regimen)	**multi-injection therapy (MIT)**
ketoainemittari	**ketone meter**
jatkuva verensokerin seuranta	**Continuous Glucose Monitoring System, CGMS**
verensokerimittari	**blood glucose meter (or glucometer)**
seurantavihko	**diabetes logbook**
hiilihydraatti	**carbohydrate (CHO or carb)**
diabeettinen ketoasidoosi	**diabetic ketoacidosis (DKA)**
glukagoni	**glucagon**
ketoaineet	**ketones**
lansetti	**lancet**
neulat, lansetit, insuliini-pumpun kanyylineula	**needles, lancets, cannula needles = sharps**
pitkäaikainen verensokeri	**HbA1c (long-term glycaemic control)**

NOTE!

DM1 = type 1 diabetes

IDDM = insulin dependent diabetes mellitus, juvenile onset diabetes

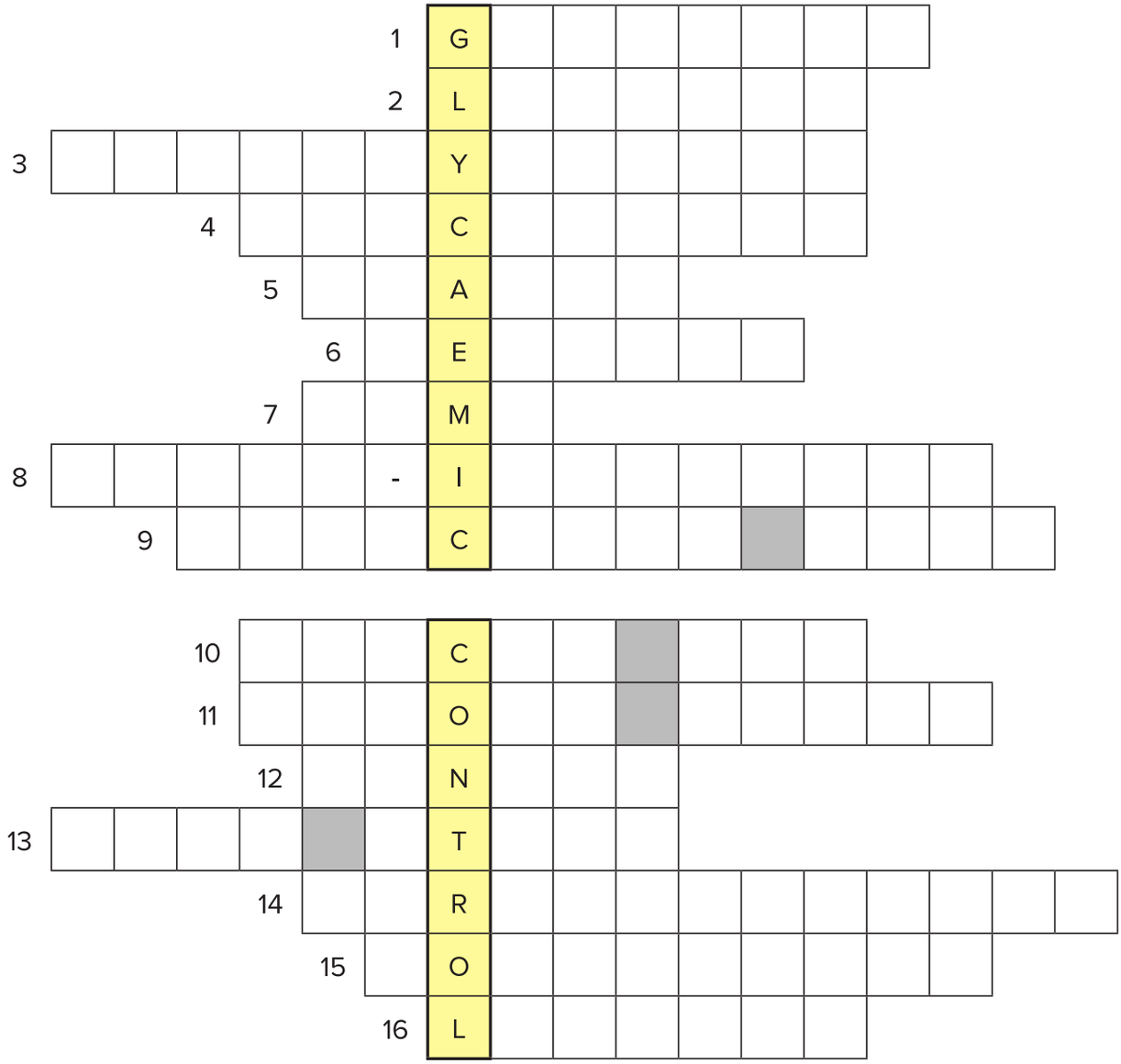
DM2 = type 2 diabetes

NIDDM = non-insulin dependent diabetes mellitus, maturity/adult onset diabetes

IDDM can also be adult-onset, and sometimes people at relatively young age can develop NIDDM

Q Write

Fill in the crossword with diabetes care devices.



1 A hormone that raises blood sugar. In injectable form, it is used to treat severe hypoglycemia when a person is not able to take fast-acting sugar by mouth, e.g., when unconscious.

2 Small needles that are inserted into a lancing device and used to obtain a small sample of blood, usually from a fingertip, for a blood glucose check.

3 Low blood glucose

4 Synonym of a blood glucose meter

5 Used syringes, insulin pen needles or lancets

6 Chemicals produced by the body when there is not enough insulin.

7 A device that administers insulin continuously through a small tube inserted under the skin.

8 A treatment regimen with long-acting and rapid-acting insulin injections.

9 Abdomen, buttocks and thighs.

10 A small device used to obtain blood from a fingertip.

11 A small device for testing the level of ketones in blood instead of testing the level of ketones in urine (using urine test strips).

12 A relatively new, user-friendly way to measure blood sugar is having a small, disposable ___ attached to the upper arm. Blood glucose can be obtained quickly by just scanning a reader over the ___.

13 A small disposable item used to measure blood sugar levels. It is inserted in a blood glucose meter and can be used only once.

14 An essential part of a diabetic person's diet.

15 CGM stands for ___ glucose monitor.

16 It is recommendable that diabetics enter their blood sugar readings and insulin doses in a diabetes ___.

HOW TO INJECT INSULIN WITH AN INSULIN PEN

1. Wash your hands.
2. Make sure there is enough insulin left for the dose needed.
3. Prepare your pen by attaching a new needle onto it.
4. Prime the needle by pushing on the plunger till you see a drop on the tip of the needle. There should be a steady, unbroken stream of insulin. Hold the pen in a vertical position while doing this.
5. Dial the dose needed.
6. Injection site: pinch the skin gently around the intended site.
7. Inject into the fatty tissue just underneath the skin. Use short enough needles in order NOT to inject into the muscle. If you are slim, you may need to insert the needle at a 45 degree angle to avoid injecting into the muscle.
8. Insert the needle and push the plunger slowly.
9. Hold the needle in for at least five seconds to make sure all the insulin goes in.
10. If any blood or insulin does escape, wipe it with a tissue or cotton wool.
11. Remove the needle and put it in a sharps bin (at home, e.g., in an empty milk carton).

R Combine

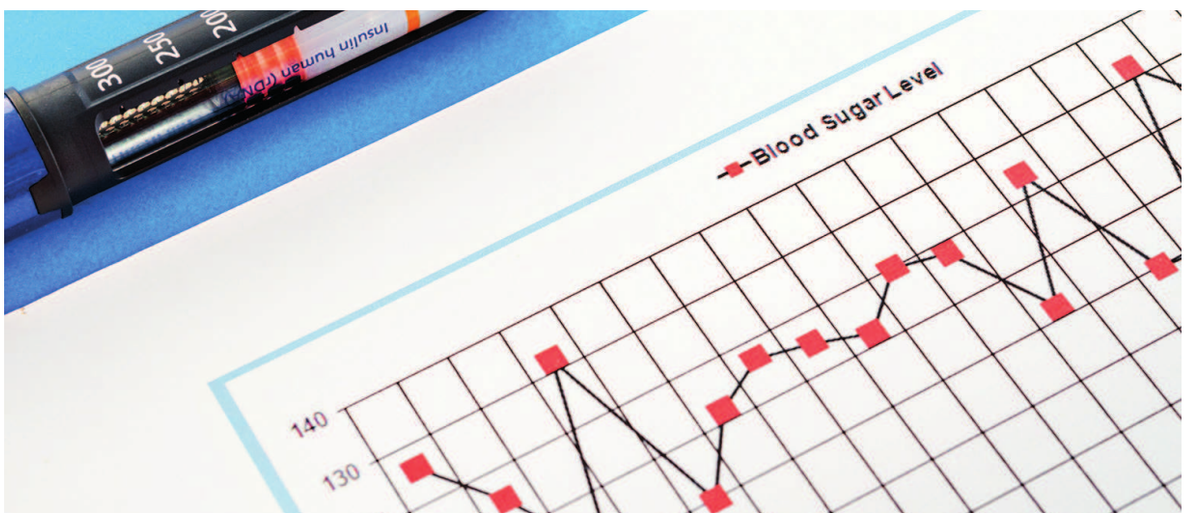
Combine the expressions that have a similar meaning.

1	To prime the insulin pen	_____	A Raise a fold of flesh slightly between your thumb and fingers.
2	To insert the needle	_____	B Hold the pen in an upright position when taking the air bubbles out.
3	To hold the pen still in the injection site long enough to prevent any insulin from escaping	_____	C International unit (of insulin)
4	To pinch the skin around the injection site	_____	D Do an "air shot" of at least two units to clear any bubbles out of the needle.
5	To hold the insulin pen in a vertical position while priming it	_____	E Do not withdraw the needle too early to ensure the absorption of the whole dose of insulin in the fat tissue.
6	IU	_____	F Insulin injection is supposed to be given into the fatty tissue underneath the skin.
7	Insulin injection has to be given subcutaneously.	_____	G It's important to dispose of the used needles carefully in appropriate containers.
8	After the injection, discard the used needle safely.	_____	H To put the needle in the intended injection site

S Pairwork

Go through the following dialogue with your partner. A begins.

A		B
Milloin sinulla diagnosoitiin diabetes?	→	When was your diabetes diagnosed? When were you diagnosed with diabetes?
Do you have diabetes (running) in your family? Is there a history of diabetes in your family?	←	**Onko teillä perheessä diabetestä?**
Kuinka monta kertaa päivässä mittaat verensokerin?	→	How many times per day do you take/ measure your blood glucose (blood sugar)?
Do you know the ideal blood glucose level before a meal/after a meal?	←	**Tiedätkö mikä on ihanteellinen verensokeriarvo ennen ateriaa/ aterian jälkeen?**
Ovatko verensokeriarvosi olleet normaaleja?	→	Have your blood glucose readings been normal?
What treatment are you on for your diabetes? Insulin injection therapy? Multi-injection therapy? Insulin pump?	←	**Mikä hoitomuoto sinulla on? Insuliinipistoshoito? Monipistoshoito? Insuliinipumppu?**
Kuinka usein pistät insuliinia?	→	How often do you inject insulin?
How many units of long-lasting insulin do you inject daily?		**Kuinka monta yksikköä pitkävaikutteista insuliinia pistät vuorokaudessa?**
Onko sinulla usein matalia/ korkeita verensokereita?	→	Do you often have low/high blood glucose (readings)? Do you often suffer from hypoglycaemia/hyperglycaemia?
Do you often have to correct high blood sugar?	←	**Joudutko usein korjaamaan korkeita verensokereita?**
Kuinka monta yksikköä insuliinia pistit tänä aamuna?	→	How many units of insulin did you inject this morning?
What's your blood glucose level usually before meals?	←	**Mikä on verensokerisi yleensä ennen aterioita?**



T **Which of the symptoms of low and high blood sugar can you find in the word search puzzle below?**

SIGNS OF HYPOGLYCAEMIA AND HYPERGLYCAEMIA

Low blood sugar:	**High blood sugar:**
Blurry vision Fast pulse Sudden mood changes Sudden nervousness Unexplained fatigue Pallor (pale skin) Headache Hunger Shaking & trembling Dizziness Sweating Tingling (skin, lips) Irritability Difficulty concentrating Confusion Irrational or disorderly behaviour that can be mistaken for drunkenness Unconsciousness Seizure Coma	Frequent urination Extreme thirst Blurry vision Abdominal pain Fatigue Headache Fruity breath (acetone-smelling breath) Nausea and vomiting Shortness of breath Dry mouth Weakness Confusion Coma

E X T R E M E T H I R S T A C A F I
U B R F A T I Q U E S O R E D B A I
A L S I C K A B N A U S E A A D S R
F U O F C O N F U S I O N O S O T R
F R N W I T H H E A D A C H E M P I
A R U C O F Y E B P R D O S I I U T
I Y I I O W G A I A Y I M H Z N L A
N V L L T N S T G L M Z A A U A S B
T I L T T Y S O F L O Z H K R L E I
I S Y I A H B C A O U Y O I E P L L
N I M D N W U R I R T U T N S A L I
G O P R I C K N E O H I O G Y I Y T
V N W I T H E D G A U B N I N N O Y
C O N F U S I O N E T S I G C O L D
S W E A T I N G E A R H N A L I D O
T A R T S S E N I Z Z I D E G I N O
H N Y I N E R V O U S N E S S Y N R
E D G A R M O O D C H A N G E S A G
F R E Q U E N T U R I N A T I O N S

Gestational Diabetes: Zoe's story

Zoe and Jonathan are happy to be expecting their first baby. It's going to be so wonderful to have that pitter patter of little feet in their home! Only Zoe has had to wake up various times during the night for a pee, and she has been really thirsty, so thirsty that she hasn't been able to drink enough. Her tongue feels like sand paper, her whole mouth is really dry. Zoe and Jonathan are going to their antenatal clinic appointment today run by their public health nurse. Zoe is 24 weeks pregnant. She was previously screened for the risk of gestational diabetes as her father is an insulin dependent diabetic. The results showed that she is at high risk of developing diabetes during her pregnancy.

Public health nurse	Good morning Zoe – nice that Jonathan could come, too! So it looks like we'll need a test now to see if you're developing gestational diabetes.
Zoe	Hello. Yes, I'm not getting enough water, and I'm almost constantly using the bathroom! I'm also really tired all the time, and it's affecting my work as a teacher.
PHN	I will order an oral glucose tolerance test to see how your body deals with sugar – you might not produce enough insulin to control the glucose levels in your body.
Zoe	What's that? Do I have to start injecting insulin?
PHN	You'll come to the clinic one morning without any breakfast. It involves drinking glucose drinks at certain intervals, and we keep checking your glucose levels by finger pricking tests. It's a simple and effective test to find out! Very seldom does the mother need insulin, and the diabetes will usually be resolved when your baby is born. Most likely you will have tablets to control the sugar levels that you test on your own.
Zoe	Oh that's great. Is there anything I need to do now? If I have it, will it harm my baby?

PHN Sometimes, if the mother has been diagnosed, the baby can be a big one and may just need a little time on the Neonatal Unit to monitor glucose levels. Sometimes the baby decides to be born a bit early, or sometimes the labour has to be induced as the baby can also be late! In some cases the only option is a caesarean section.

Zoe I suppose we'll wait and see now, won't we?

PHN Yes, and in the meantime as your blood glucose at present is a little high and you have the symptoms, I'm giving you some leaflets to take home for reading. Knowledge is power, and you're the best person to help yourself. I've booked you in for the OGGT (oral glucose tolerance test) in two days' time here.

Zoe Thanks so much. It's so great to be able to come here where everything is explained to us.

Jonathan Absolutely. I'm glad I can come to the appointments with Zoe to also learn about all this baby stuff!

PHN You're very welcome, that's what I'm here for!

Zoe was later diagnosed with gestational diabetes and started to take regular medication to control her blood sugars.

She was referred to a dietitian for healthy eating habits, too.

Zoe started swimming together with Jonathan twice weekly as exercise is important in blood glucose control.

Zoe delivered a healthy baby girl after a gestation of 37 weeks. She needed an emergency caesarean section due to pre-eclampsia, a condition where the mother is having uncontrolled hypertension, high blood pressure.

Baby, Mum and Dad are doing well, and Zoe's diabetes disappeared as soon as baby Ava was born. Ava is a happy, breastfed little star.

Text by Arja Simola-Pollock

U Listen to the text about Zoe and fill in the sentences.

1 Zoe and Jonathan are _____ (*odottavat ensimmäistä lastaan*).

2 They will see a public health nurse on their _____ (*neuvolakäynti*) because Zoe has had unusual symptoms.

3 Zoe is _____ (*24. viikolla raskaana*) and has been tested for the risk of _____ _____ (*raskausdiabetes*).

4 The public health nurse orders an oral _____ (*sokerirasitustesti*).

5 _____ (*Verensokeriarvot*) are monitored by finger pricking tests.

6 Sometimes, if the mother has been diagnosed, the baby may be a big one and may need a little time at the _____ (*vastasyntyneiden osasto*).

7 Sometimes the baby decides to be born a bit too early, in some cases the labour has to be _____ (*käynnistää*).

8 Occasionally a _____ (*keisarinleikkaus*) is the only option.

9 Zoe was also _____ (*lähetettiin ravitsemusterapeutille*) for healthy _____ (*ruokailutottumukset*).

10 She needed an emergency caesarian section due to _____ (*raskausmyrkytys*).

V Find information

Find current online information about gestational diabetes.
Answer the following questions.

1 How many pregnant women suffer from gestational diabetes in Finland (per year)?
2 What are the risk factors of gestational diabetes for a mother/a baby?
3 What is current treatment for gestational diabetes?
4 How to prevent GDM (gestational diabetes mellitus)?

3.2 Surgical Nursing

Surgeries are among the most stressful procedures patients have to undergo, but careful preoperative care can help prevent further complications and relieve anxiety.

A healthy lifestyle promotes healthy healing.

Preparing for a surgery begins as soon as the surgery date is scheduled. The better you take care of your overall health before the procedure, the better you recover from it.

Explain to the patient what to expect before, during and after the procedure.

You need to undergo an elective surgery, and a date has been scheduled for your procedure:

IF YOU SMOKE,

stop smoking well before the surgery as smoking slows down healing of the wounds and decreases your oxygen intake.

IF YOU'RE OVERWEIGHT,

you should try to lose weight as excess weight increases breathing and respiratory problems and can complicate the surgery. Follow your doctor's orders on losing weight safely. Remember though that dieting should be started well in advance. Crash diets do more harm than good.

When the surgery is approaching, you may have to undergo:

- lab tests
- ECG
- X-rays
- CT (computerised tomography)
- MRI (magnetic resonance imaging)
- endoscopy
- colonoscopy

Preoperative care

Preassessment interview:

- Takes place well before the actual operation date at an outpatient clinic.
- The purpose is to make sure the patient is properly prepared (especially when they come for the operation from home).

An interview to cover:
(Preanaesthesia form)

- previous anaesthesia
- current and past health (e.g., cardiovascular, respiratory, metabolic, endocrinological and neurological diseases)
- medications, OTCs and herbal preparations you take
- smoking, (e-cigarette, snuff), use of alcohol, and recreational drugs
- aspiration risk
- clotting disorder (tendency to bleed/anticoagulant medication)
- allergies (to medications or food)
- infections

Significance of preoperative guidance:

- smoother recovery
- reduces fear
- relieves nausea
- is likely to decrease complications
- shorter hospitalisation
- better patient safety
- better commitment to treatment

BEFORE THE SURGERY

To ensure your safety during anaesthesia, we need you to complete a preanaesthesia form.

You will be given information on:

- when to arrive at the day surgery unit
- how many hours you need to be without food and drink before the operation
- how to take your usual medications before the operation (or if you have to stop taking them)

Administration of premedication:

- appr. an hour before being taken into the theatre
- to reduce post-operative pain
- to ease anxiety (sedative)
- to permit smoother induction of anaesthesia
- to prevent infections
- to prevent nausea

You will be informed of:

- what type of anaesthesia is planned
- what to expect after the procedure
- the significance of balanced diet in surgery, wound healing and recovery

You will also have a chance to discuss:

- any issues concerning your procedure (your wishes considering the treatment)
- psychological needs: fears, anxiety, earlier bad experiences about hospitals
- post-operative care
- multi-modal pain management
- the need for a sick leave

A Answer the questions.

1 What is the purpose of preoperative assessment?

2 What are the benefits of preoperative patient guidance (patient teaching)?

3 What kind of psychological issues may come up when discussing the forthcoming procedure with a patient?

4 How does premedication affect the patient? For which purposes is it administered?

5 Why do you have to be without food and drink before the operation?

6 What kind of fears may patients have towards general anaesthesia? How can you alleviate those fears?

7 What to expect when waking up from anaesthesia?

8 How may being overweight affect the surgery?

9 What is the purpose of the cannulation and why is cannulation always performed while staying in a surgical ward?

10 What synonyms are there for a 'day surgical procedure'?

11 What are the benefits of a day surgical procedure?

12 Share your own experiences of surgical procedures (as a nurse or as a patient).

NOTE!

General anaesthesia = Yleisanestesia
Local anaesthesia = Paikallispuudutus
Spinal anaesthesia = Selkäydinpuudutus
Epidural anaesthesia = Epiduraalipuudutus

"Your procedure will be performed under **general anaesthesia**."
"You will be under **general anaesthesia** during the procedure."
"You'll be having **general anaesthesia** during your operation."

NOTE!

Anaesthetic nurse = Anestesiahoitaja
Perioperative nurse = Leikkaussalihoitaja

B Combine

Related terminology. Combine the definitions and their explanations.

1 **Day surgery**
(Päiki) Päiväkirurgia _____

2 **Short-stay surgery**
(Lyhki) Lyhytjälkihoitoinen kirurgia _____

3 **FHTO From Home To Operation**
(Leiko) Leikkaukseen kotoa _____

4 **Anaesthesia preoperative evaluation clinic (APEC) / Preanaesthesia evaluation clinic (PAC)**
Esikäyntipoliklinikka _____

5 **Epidural analgesia**
Epiduraalianalgesia _____

6 **PCA Patient Controlled analgesia**
PCA-infuusiopumppu _____

7 **Surgeon** _____

8 **Anaesthesiologist** _____

9 **Surgical nurse** _____

10 **Scrub nurse** _____

11 **Circulating nurse** _____

12 **Surgical assistant** _____

A The patients are admitted on the morning of the procedure through a specialised preoperative unit right next to the operating theatre.

B The physician performing the procedure. The head of the surgical team.

C A method by which patients control the amount of pain medication they receive.

D The physician who administers anaesthesia and other required medications and infuses intravenous fluids.

E This may be another physician, or nurse. They work closely with the surgeon, performing duties like exposing the site of the operation, retracting nearby tissue, sponging or suctioning the wound, ligating blood vessels and suturing the surgical wounds.

F A nurse who helps to prepare a patient for surgery. They explain the procedure to the patient, check the patient's vitals, administer medications and help to sterilize and mark the surgical site.

G A nurse who makes sure that the conditions in the operating theatre remain safe and sterile. They assist with transferring and positioning the client, prepare the client's skin and ensure that no break in aseptic technique occurs. They check the equipment (instruments, drapes and sponges).

H A nurse who works in the surgical field, assists the surgeon by passing instruments, monitoring the vital signs and suctioning the surgical site.

I The patient will be discharged 1–3 days after the procedure.

J A patient comes into hospital for a surgery and is discharged on the same day.

K Surgical patients visit this outpatient clinic preoperatively to undergo an anaesthesia safety assessment.

L Anaesthetic agents that are administered through a small catheter to help relieve postoperative pain associated with chest, abdominal and lower extremity surgery.

C Dialogue

Listen to the text and make brief notes while listening. Summarise the dialogue to your partner afterwards, focusing on the most relevant information.

From home to operation FHTO – preoperative assessment

Nurse Good morning, please take a seat. I'm Sanna, your nurse today. As you know, we are supposed to go through your preoperative assessment. First, would you mind telling me your name and social security number?

Patient Good morning, my name is Sandra Robertson, and my social security number is 020787-278M.

Nurse Did you bring the paper work you received in the mail?

Patient Yes, I did. Here they are.

Nurse Okay, let's go through them together to make sure everything is in order for the operation. You listed that you are on blood pressure medication and that you are allergic to penicillin. What kind of reaction did you get?

Patient I don't really remember. I was about five when I got the reaction so I only know about it because my parents have told me.

Nurse Let's go through what happens on the day of your surgery. When you come to the hospital, wear loose-fitting clothes and do not wear make-up or nail polish. You should arrive at 7:30. You'll be given a surgical gown to wear. You'll also be given the premedication. The surgery will last from 1 to 2 hours approximately, and it is usually performed under local anaesthesia.

Patient Is it going to be painful?

Nurse No, you won't be feeling any pain, but there might be a sensation of pressure.

Patient How soon after the operation can I go home?

Nurse I can't really tell. It depends on how well you recover and how the surgery goes. Would you like to know more about the operation before we continue?

Patient No thank you, I have read extensively about the operation so I have a good grasp of what will happen.

Nurse Okay. Now, do you remember your instructions on how to prepare yourself for the surgery at home?

Patient Yes, take a shower the night before, no alcohol or smoking the day before or on the day of the surgery, no eating or drinking after 2 a.m., I'll only take my blood pressure tablets with a tiny sip of water.

Nurse That is correct. We'll call you the day before the operation.

Patient Okay is that all for now?

Nurse Yes that's all.

Patient I'll be on my way then, bye.

Nurse Goodbye.

D Phases of perioperative care. Arrange the phrases into correct order and number them from 1 to 8.

☐ The patient arrives at the day surgery unit in the morning having been without food and drink as instructed before.

☐ To be able to be discharged, the following criteria, for example, have to be met: vital functions, breathing, mobility, eating, drinking, excreting, pain in control and bleeding in control.

☐ The patient is transferred to the operating theatre, the surgical team takes over and the intraoperative phase begins.

☐ The patient is scheduled for a surgery, and an invitation letter together with patient information leaflet is sent by mail.

☐ The patient is prepared for the procedure. A hospital gown is given, and skin and a possible bowel preparation is done. The patient is told to remove dentures, contact lenses, glasses, etc. The premedication is administered.

☐ The patient visits the preoperative outpatient clinic, and a preoperative assessment is carried out.

☐ When the patient's vital signs are stable and other criteria are met, the patient is transferred to an inpatient ward for as long as needed before the discharge.

☐ After the procedure, the patient is transferred to the recovery room where recovery from the anaesthesia is monitored.

PHASES OF PERIOPERATIVE CARE:

Preoperative: The decision to have a surgery
→ Admission to hospital
→ Entering the operating theatre

Intraoperative: Entering the operating theatre
→ Admission to the recovery room

Postoperative: Admission to the recovery room
→ (Transfer to another ward)
→ Discharge from hospital

E **Dialogue**

Listen to the text and make brief notes while listening. Summarise the story to your partner afterwards, focusing on the most relevant information.

Welcoming the patient to the ward before a day surgical procedure

Nurse Good morning Mr. Brown. Welcome to our day surgery care. I'm Sami, your nurse. Did you sleep well?

Patient Good morning. I slept very well. I took a sleeping pill last night as you instructed me.

Nurse Did you remember to fast since yesterday evening?

Patient I haven't put anything into my mouth since yesterday. I haven't smoked either.

Nurse Have you taken any prescription or over-the-counter medications?

Patient Yes, I took my anti-cholesterol tablet last night.

Nurse Are you allergic to anything?

Patient I suffer from hay fever. That's all.

Nurse Are you nervous about the surgery?

Patient Actually, I am not. I am quite relaxed. I was reassured in the preoperative meeting.

Nurse That's good. I'll give you your wristband. Let's check that the information is correct. Can you tell me your full name and social security number?

Patient Jack Matthew Brown, 1951980-123K.

Nurse The operating theatre staff will verify your information again in the operating room. I checked your lab tests and ECG, and those are fine. Your blood group is O+.

Patient That's fine.

Nurse Before giving you the hospital gown and surgical stockings, let's record your height, weight and vital signs one more time.
Step on to the scales, please.
Could you please stand against the wall.
Sit down, please. I'll take your blood pressure. Can you roll your left sleeve up above the elbow?
You can put your personal items in the locker and change your clothes. Leave your underwear but take everything else off. Here's the gown and stockings. You can undress behind that screen. Let me know when you are ready and I'll give you your premedication for the operation.

Patient I'm ready now. Can I keep my glasses on? I have terrible eyesight.

Nurse Yes you can. The operating theatre staff will take those off when the operation is ready to start. Would you like to lie down? This medication will make you more relaxed. After the operation, I'll come and take you from the recovery to the ward.

Find the synonyms:

1 to be without food and drink _____
2 non-prescription medicines _____
3 concerned, apprehensive _____
4 to ease, alleviate, relieve fears _____
5 operating room _____
6 identification bracelet _____
7 confirm _____
8 blood type _____
9 belongings _____
10 remove clothes _____

F

Pairwork

An aged patient is very nervous about going to an operation.
Student A begins.

A	B
Huomenta, mitä kuuluu? Miten voitte? Tänään menette leikkaukseen. Oletteko jo käynyt vessassa?	Yes. Good morning! I didn't sleep that well. I've been to the bathroom.
Toin teille esilääkityksenne. Voinko tarkastaa henkilöllisyytenne uudestaan?	Thank you. Yes, sure.
Turvallisuussyistä ette saa enää nousta sängystä koska lääke alkaa vaikuttaa pian.	I'm very anxious and quite frightened. I haven't been in this kind of situation before.
Esilääke helpottaa jännitystä. Älkää pelätkö, kirurgi tulee vielä tervehtimään teitä ennen leikkausta.	All right./OK. Could I have something to drink? My mouth is dry.
Voitte kostuttaa suutanne hiukan, mutta muistattehan että ette voi syödä tai juoda ennen leikkausta.	Ah, yes, of course. Will you notify/tell my children when I'm back on the ward?
Tietenkin. Minä saatan teidät leikkaussaliin ja olen teitä vastassa sitten kun pääsette heräämöstä. Nyt vain lepäätte vuoteessanne ja soittakaa soittokelloa jos tarvitsette jotain. Lääkäri tulee pian teitä tapaamaan.	That's nice, thank you.

A	B
Good morning, how are you? How are you feeling? Today you will be undergoing an operation. Have you been to the toilet already?	**Kyllä. En nukkunut kovin hyvin. Olen käynyt vessassa.**
I brought you your premedication. Can I check your identity once more?	**Kiitos. Toki.**
For your own security, you shouldn't leave your bed now because the medicine will start to have an effect/will kick in quite soon.	**Minua jännittää ja pelottaa kovasti. En ole ennen ollut tällaisessa tilanteessa.**
The medicine will ease your anxiety/will make you feel more relaxed. Don't worry, the surgeon will come and say hello to you/and introduce himself to you before the operation. He should be here any minute now.	**Selvä on. Saisinko vielä juotavaa? Suuta kuivaa.**
You can take a very small sip of water to moisturise your mouth, but please do remember that you cannot drink or eat anything at all before the operation.	**Ai niin, tietenkin. Voitteko ilmoittaa lapsilleni kun pääsen takaisin osastolle?**
Naturally/Of course/Certainly. I will escort you to the operating theatre and take care of you again when you return from the recovery. As for now, just rest in your bed and use your nurse call button if you need anything.	**Hyvä juttu, kiitos.**

Day Surgery: Varicose Vein Surgery

Before the operation

- Come to hospital on the day of your operation.
- For X hours before the operation, do not eat anything.
- For X hours beforehand, do not drink anything.
- You may meet the anaesthetist to discuss the type of anaesthesia you will receive.
- Your blood pressure will be taken.

What to expect after the surgery

Legs, thighs (and ankles):

- bruising and swelling
- tenderness
- numbness
- tingling (pins and needles)
- The surgical wounds may become infected and scars may be expected.
- Discomfort is not usually severe and can be treated with pain medication.
- Usually you need pain medication for 2–3 days after the procedure.

Wound closure material

- sutures (stitches), staples, tape, glue

Sutures are usually removed 5–10 days after the procedure.

Make an appointment at your own health clinic for the removal of sutures.

Going home

- Most patients will go home in the same evening following the surgery.
- You will have elastic bandages around your legs (or a compression stocking) for one day after the procedure.
- You can remove the bandage and take a shower on the first post-operative day (24 hours day after the surgery).

VARICOSE VEIN SURGERY

Compression stockings

- Once the bandages are off, you continue to wear firm compression stockings (also anti-embolism stockings).
- To prevent swelling, you will need to wear compression stockings for 2 weeks (on the first week day and night, later only during daytime).

Mobility and exercise

- Sit with your feet elevated and avoid standing still for long periods.
- Walking promotes healing. Start with short walks and increase gradually.
- Exercise stimulates blood circulation.

Sick leave

- Sick leave is 1–3 weeks depending on the job you do.

Other treatment methods

Foam sclerotherapy
= vaahtohoito

Endovenous laser treatment
= laskimonsisäinen laserhoito

G Pairwork

Answer the patient's questions in English.

1 How long before the procedure do I have to come to the hospital?
2 How do I prepare at home?
3 What happens before the actual surgery?
4 What can I expect after the surgery? Will my legs hurt?
5 What should I expect when I wake up from/after anaesthesia?
6 How soon after the surgery will I be able to go home?
7 How soon after the surgery can I take a shower?
8 For how long do I have to wear the bandages?
9 Why do I have to wear the compression stockings?
10 Is there something I have to avoid doing after the procedure?
11 Are there any restrictions as regards exercising?
12 Is there something I can do to promote healing?
13 Will I need a sick leave, and if yes, how long will that be?
14 Will I have to make an appointment for a post-operative check-up?
15 Are there any other treatment options besides surgery?

COMMON DAY SURGICAL PROCEDURES

H Combine

Combine the procedures with their definitions. Consult medical dictionaries for details!

1 **Orchiopexy** _____
2 **Grommets surgery** _____
3 **Inguinal hernia repair** _____
4 **Hemorrhoidectomy** _____
5 **Laparoscopy** _____
6 **Cholecystectomy** _____
7 **Cataract surgery** _____
8 **Strabismus surgery** _____
9 **Dilation and curettage** _____
10 **Excision on breast lump** _____

A A procedure involving a small incision through the abdominal wall to view and examine the abdominal and pelvic organs.
B Lumpectomy
C Tiny plastic tubes inserted into your child's ear drum. It may be recommended if your child has glue ear or frequent ear infections.
D A surgery to repair tissue that bulges out of a weak spot in the abdominal wall or groin.
E Removal of piles
F A surgical procedure to remove your gallbladder.
G A procedure to move an undescended testicle into the scrotum.
H A procedure in which a cloudy natural lens is removed and replaced with a clear artificial lens to improve vision.
I A minor surgical procedure in which the cervix is dilated, and a special instrument is used to scrape the uterine lining.
J An eye surgery to correct squint.

After the Surgery (Post-anaesthesia care unit, PACU)

Post-operative care in the recovery room

Observing, monitoring and documenting:

- vital signs:
  blood pressure and pulse
  respiration frequency
  oxygen saturation
  body temperature
- patency of drainage tubes
- rate of IV fluids
- level of consciousness
- level of sensation after regional anaesthesia
- surgical site & discharge from the wound
- nausea/vomiting
- pain status (VAS pain scale)

The length of the stay in PACU depends on the type of surgery and the patient's condition.

From PACU patients are transferred to:

- ICU
- surgical inpatient ward

Day surgical patients :

- First-stage recovery (still in bed)
- Second-stage recovery (getting up, walking, ambulation)

Day surgical patients are discharged after they've been up and about provided that the discharge criteria are fulfilled.

From hospital to home

Discharge criteria:

- vital functions are stable
- breathing is OK
- out of bed, moving
- eating & drinking
- passing urine and opening bowels
- pain in control
- the effect of anaesthesia has worn off
- bleeding in control (slight bleeding is ok)
- discharge from the wound in control
- no severe nausea or vomiting
- Please arrange for someone to take you home from hospital.

Discharge & going home (see Unit 4)

NOTE!

first-stage recovery = ensimmäisen vaiheen heräämö
second-stage recovery = toisen vaiheen heräämö

I Read

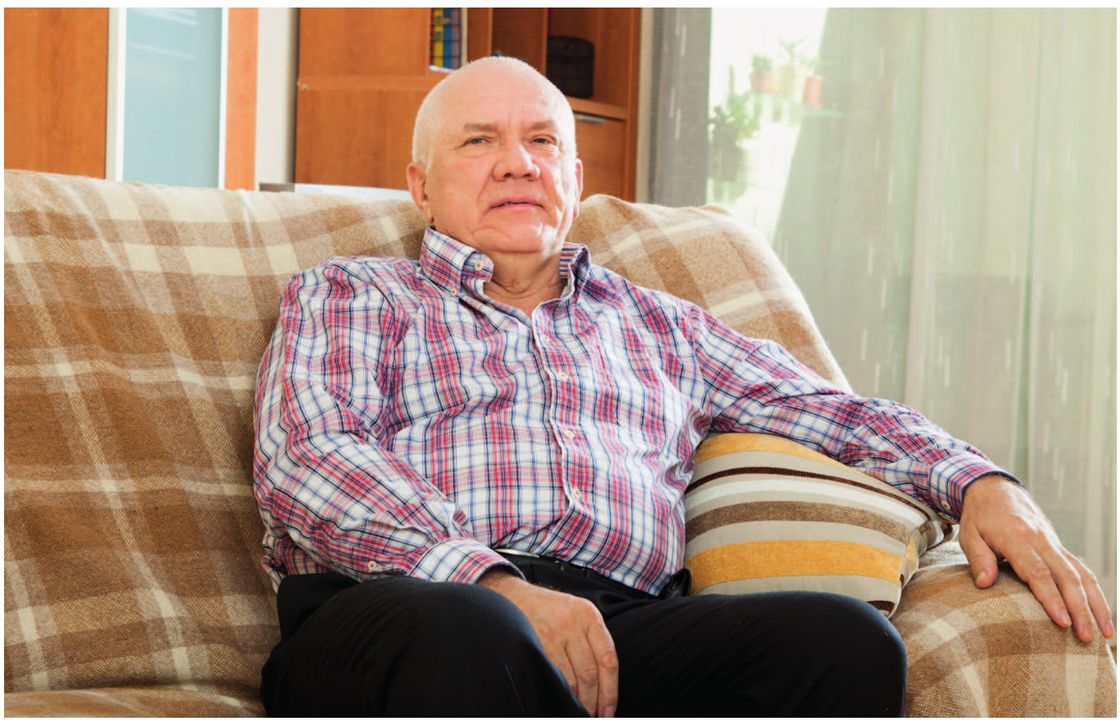
Read the text and answer the questions in Finnish.

Bruce's story

In 1970, my left hip was broken in a head-on car accident in Chicago. I underwent a partial hip replacement, which consisted of a metal cup as the socket part of the hip joint. I spent nine months in the hospital healing, recovering and going to physical therapy. Six months after I was discharged from the hospital, the hip socket dislodged from the pelvis resulting in a 'floating hip joint'. Hip replacement surgery was relatively new then. I was advised to keep the hip I had and see what advancements would develop in the future.

Forty years later, I underwent a total hip replacement and reconstructive surgery. During the surgery, the upper leg bone, the femur, was shortened. I recovered for eight weeks in the hospital with no weight bearing on the leg. When I started putting weight on my leg, the recovery was slow and painful. One year after the surgery, it was determined the femur had not healed properly, and I underwent a revision surgery to trim the femur and give it better blood flow to heal properly. I went through four months of recovery and physical therapy again.

After the four months of recovery, I suffered a dislocation of the new hip joint. Doctors relocated the hip joint, but it continued to go out of place resulting in a second revision surgery to change the hip hardware and install a hip joint retainer to prevent further dislocations.



After the second revision surgery, an infection developed in the surgical area and it was treated with antibiotics. This did not get rid of the infection. Eventually, I underwent a third revision surgery. This involved a deep clean antibiotic washout of the hip joint area. Recovery from this surgery was another six to eight weeks. In addition to the washout, a PICC (peripherally inserted central catheter) was inserted into my arm so I could administer intravenous antibiotics three times a day for eight weeks.

Presently I am taking oral suppressive antibiotics. I am monitored periodically via blood testing to track the level of inflammation, which is an indicator of infection. The infection could become systemic over time, which is a greater risk to my health. Present test results indicate my levels are within a normal range. If an infection attaches itself to metal within the human body, e.g., artificial hip joint and metal hardware, there is no medical remedy to kill it. The only way to eradicate the infection at that point is to remove all metal from the body and then continue medication therapy. When the infection has been removed, all metal parts are surgically reinstalled. I am taking suppressive antibiotics to prevent a possible flare up of infection and the resulting mentioned procedure. I am living with daily anxiety because of this condition. I feel the second and third revisions should never have been performed. The infection was a result of the second revision.

1 Mitä hoitoa Bruce sai onnettomuuden jälkeen?
2 Mikä leikkaus hänelle tehtiin?
3 Miksi hänet leikattiin uudestaan 40 vuotta myöhemmin?
4 Mitä lääkkeitä Bruce käyttää tällä hetkellä?
5 Miksi hänen terveyttään seurataan verikokeiden avulla?

Continue in English:

6 If you were Bruce's nurse and met him at a follow-up appointment, what would you ask about his current and previous health state? Compose questions and share them with your fellow students.

Why is hip replacement surgery needed?

The majority of people who have undergone hip replacement surgery will have:

- less pain
- increased mobility
- improvements in activities of daily living
- improved quality of life

Going home with a drain

What is a drain?

A drain is a thin, plastic tube inserted into or near a wound after a *surgical procedure*.

When you go home you will have to empty the drain.

Purpose of the drain

Drains are used:

- to remove pus, blood or other fluids tissue fluid from a wound
- to prevent bruising and swelling
- to prevent accumulation of air
- to prevent infections

The drain works by suction

The drain is sutured to the skin to keep it in place.

There is tubing that leads from the wound into the suction bulb/ vacuum bellows. Squeezing the bulb compresses the drain and causes suction.

Before leaving hospital

Your nurse will check the wound and your drain site before discharge. The drain will be emptied right before going home, and a note will be made on your drainage chart. You need to continue completing the chart at home once a day.

When you go home, you will have to empty the drain. Your nurse will teach you how to manage this at home.

You will get an appointment to visit the clinic/hospital for removal of the drain.

Going home with a drain

PRECAUTIONS:

Avoid any heavy lifting or strenuous activities such as hoovering or ironing.

Keep the drain site clean and dry.

Daily routine at home

Every morning take a reading from the drainage bag and write the information on the drainage chart. Empty the contents of the drainage bag into a container or toilet.

To empty:

- Close the top clamp.
- Open the bottom clamp.
- Wash your hands.
- Open the tap on the drainage bag and squeeze out the contents.
- When the bag is empty, squeeze the bulb. The bulb will expand as it collects fluid.

Close the bottom clamp.
Open the top clamp.
Wash your hands.

Important tips

The drain needs to be below the surgery site so that it drains well. During the day, it is easier to carry the drain in a bag or pinned to your clothing.

You may want to attach the tubing to your skin using adhesive tape.

Check your drain for kinks. There should be no tension on the drain or tubing.

Make sure the tubing is not stretched overnight. It can sit on the floor beside the bed.

What to do and what NOT to do

You can walk and move about if your condition allows.

You can take a shower.

Be sure to dry out the drain site carefully with a clean towel after the shower.

Going to sauna, taking a bath or swimming is NOT allowed.

Contact the ward if there is:

- swelling, redness or unusual pain at the drain site.
- any pus or discharge
- fever, shivering or temperature above 38C.
- excessive bleeding
- excessive leakage around the tube
- the drain accidentally falls out or is broken

J **Pairwork**

Transferring a patient from one unit to another within hospital.
Give a report on a patient to another nurse.

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1 Elective surgery – Surgical unit

Heräämön hoitaja antaa raportin kirurgisen vuodeosaston hoitajalle, joka tullut hakemaan potilasta.

- Henkilöllisyys (varmista oikea potilas)
- Mikä toimenpide tehty ja miten sujunut, mitä puudutusaineita/kipulääkkeitä saanut
- Kuinka anestesia sujunut, mahdolliset komplikaatiot
- Potilaan vointi heräämössä, vitaalit
- Jatkuuko antibioottihoito ym. jatkohoito-ohjeet, esim. dreeni

2 Emergency surgery – A&E (Emergency room)

Potilas tullut kotoa päivystykseen. Epäillään umpilisäkkeen tulehdusta.

Päivystyksessä tehty kliininen tutkimus. Lääkäri tutkinut ja diagnoosi tehty pohjautuen lääkärin tutkimukseen, laboratoriovastauksiin (esim. CRP) ja kuvantamistutkimuksiin (CT).

Diagnoosi vahvistettu ja tehty leikkausvalmistelut. (Anestesiakaavake täytetty, oltu ravinnotta, suoniyhteys avattu, veriryhmä- ja vasta-ainemääritys tehty, anestesialääkäriltä kysytty esilääkitys, potilasta ohjattu.)

Raportoi anestesiahoitajalle:

- Henkilöllisyys (varmista oikea potilas)
- Mikä toimenpide
- Mahdolliset perussairaudet
- Tamänhetkinen vointi
- Aikaisemmat leikkaukset / anestesiat
- Lääkitys (säännöllinen lääkitys sekä leikkaus-päivänä annetut)
- Muuta huomioitavaa

NOTE!

I = Introduction/Identify
S = Situation
B = Background
A = Assessment
R = Recommendation

K Pairwork

Practise the following situations with a partner.

1 Omainen soittaa ja tiedustelee heräämöstä osastolle siirretyn potilaan voinnista.

2 Kotiutettu potilas soittaa osastolle (toipumisessa jokin ongelma).

3 Hoitaja soittaa potilaalle kotiuttamisen jälkeen ja kysyy miten toipuminen on edistynyt.

WORDS TO HELP

Telephone phrases – Puhelintilanteet

This is Erich Example from Pulse Hospital, good morning.
I'm calling about your test results... Is this a good moment to call?
I'm phoning you about...

Could I talk to Ms. Patient, please?
I'm trying to reach Ms. Patient.
I was wondering if I could talk to Ms. Patient?

Okay, I see. Could you ask her to call us back?
That's all right, I'll call again later./I'll call back later.

Sorry, I didn't quite catch that.
Can you repeat that, please?
Sorry, the connection/line is bad. Can you say that again?
Pardon?
Could you speak a little louder, please?

Nurse Example speaking. How can I help you?
Let me check that for you. Just a minute, please.
Please hang on a moment./Wait a moment, please./Could I put you on hold, please?

Post-operative check list:

- how is the patient feeling?
- is pain in control?
- is pain relief sufficient?
- any side-effects from pain medication?
- nausea?
- appetite?
- wound care?
- activity/moving about?
- fatigue or sleeping difficulties?

3.3 Paediatric Nursing

Miss Dream Fairy/Mr. Sandman will visit you and give you magical milk so you'll sleep like a little puppy and have nice dreams.

"We're here to make your stay as ouchless as possible!"

You're going to wear a mask like the one the astronauts do...

The doctor wants to see how wide you can open your mouth and how you stick your tongue out.

Dear Parents and Carers

Having your child hospitalised is a distressing time for you. A recent diagnosis or a severe injury can raise unexpected and overwhelming feelings, from guilt to fear of the future. Is my child going to be alright? Could I have done something differently to prevent this? Why wasn't I diagnosed instead of my child?

We realise that a hospital admission can be frightening, and we want to make your child's stay as safe and comfortable as possible. We encourage you to ask any questions you may have, and we understand that you may not be able to take it all in right away. We also want to remind parents that you need to rest, eat and take care of yourselves.

WELCOME TO THE PAEDIATRIC UNIT

Admission & arriving at the hospital

Most child patients come to the Paediatric ward from

- Their doctor's office (referred by the GPs or paediatricians)
- The Accident and Emergency department
- A scheduled surgery or appointment

Reasons for admission

Elective	Acute
Surgeries Scopy (monikko: -scopies) Radiological procedure (MRI, CT, ultrasound)	Infections Accidents Neonatal care (jaundice, gastric problems...) Physical and emotional abuse

Arriving at the paediatric ward

The doors to the Paediatric Unit are locked for security reasons. There is an intercom at the entrance that must be pressed to let the staff know of your arrival.

Settling in

When you and your child arrive on the ward, a nurse will show you around the ward. You will meet the doctors and nurses who will talk with you about your child and his or her health history. Your child will be assigned a named nurse, the main nurse who will be responsible for your child's care.

On arrival to the ward, an admission interview will be carried out to prepare your child for the hospitalisation. Your child will also be given an identification bracelet (a wristband) when admitted. There will be a nurse call (a buzzer) at your child's bedside, which will alert the nurses when your child needs attention.

Visiting

Visiting is often the highlight of the patient's day. Paediatric wards usually have open visitation for parents. The nurse will inform you about the times you can come and see your loved one. Sometimes the parents and visitors have to leave the child's room during certain tests or treatments.

Please do not visit the Paediatric ward if you have or have recently had a flu, stomach flu or any other infectious disease. It is very important to avoid exposure to sick persons while your child is in hospital.

Staying with the child

Whether the parents can spend the night on the ward with their child usually depends on the child's age and condition, bed capacity and how crowded it is on the ward. The parents of infants are usually allowed to stay on the ward. There may be a patient hotel close to the hospital where parents of older children can stay.

Confidentiality and consent

Communication between you and the medical staff is treated with confidentiality. Your written consent will be asked before information can be shared with anyone who is not part of your child's health care team.

Contact person

It's advisable to designate one person as the primary contact person to ask and receive updates on your child's condition.

Reassuring the child and supporting the parents

PREPARING FOR YOUR CHILD'S HOSPITAL STAY

What should I tell my child?

1 Respond to your child's questions honestly and explain why staying in hospital is necessary. If your child needs elective surgery, a date has been scheduled for it, and you will have time to prepare your child.

2 Use age-appropriate words and expressions (talk at your child's level of understanding). Explain the procedures in terms that the child can understand.

3 Avoid frightening language (put to sleep, needles, to sting, to cut, to stick, etc.).

4 Encourage your child to share his/her feelings.

5 Let your child know that you will be near to give comfort and support. If you have to leave the ward, let your child know when you will be back. Reassure your child that the nurses will be there when (s)he needs help.

6 Do not dwell on the unpleasant aspects of hospitalisation. It is, however, necessary to mention that there will be uncomfortable moments when doctors and nurses need to do tests or give medications.

7 Be positive. Explain that the doctors and nurses are doing their best to make the child feel better and that the tests and medications also help your child to start feeling better.

8 Children can pick up on adults' anxiety. Try to stay calm to lessen the worry your child may have. Remember that your tone of voice, facial expressions, gestures and body language have a powerful effect on your child.

9 Your child may feel more at home with a few familiar toys, favourite books, a blanket and pictures of the family and pet. Label all items with your name. Child patients may wear their own clothes in the hospital.

Infection control

Please disinfect your hands before entering and leaving the ward. This will help reduce the spread of germs to protect patients, visitors and the medical staff.

Let the medical staff know if your child has been recently exposed to an infectious disease, such as chickenpox, measles or mumps. It is important to protect your child as well as the other children in the hospital from contagious illnesses.

Childhood stress

Hospitalisation is likely to be daunting for a child at any age. The illness itself together with having to stay apart from parents, siblings and friends interferes with the child's everyday life.

Here are some signs, symptoms and behavioural problems children may have while under stress.

- Antisocial behaviour
- Anxiety
- Attention-seeking behaviour
- Bed-wetting
- Clinging to parent(s)
- Crying for no obvious reason
- Digestion problems: stomach upset, nausea, constipation, diarrhoea
- Daydreaming and retreating from reality
- Feeling upset without being able to express one's feelings
- Hyperactivity
- Inability to concentrate
- Irritability
- Lack of enthusiasm
- Nightmares
- Poor appetite
- Poor sleep
- Stuttering
- Teeth grinding (especially during sleep)
- Thumb-sucking
- Unusual bladder or bowel functions
- Withdrawal from usual social activities
- Regression to earlier behaviours (e.g., thumb-sucking or bed-wetting)

A **Discuss in small groups.**

1 Were you hospitalised as a child? If yes, (and if it's not too confidential to share):
   a What was the reason for admission?
   b The length of your stay?
   c Visiting rules back then?
   Were your parents/carers allowed to stay with you on the ward?
   d Your parents'/carers' role in your treatment?
   Were they encouraged to participate?

2 How can you, as a nurse, make a child's hospital stay as comfortable as possible? How can you support and reassure the child? How can you praise and reward the child during and after a procedure?

3 How can you support the parents?

4 Discuss common practices on paediatric wards (admission to the ward, infection precautions, visiting rules, etc.)

5 Give examples of how you can avoid frightening (nursing) terms when explaining procedures to a child.

6 How do you explain the potential pain to a child? Give concrete examples of how to take the child's age into consideration when, for example, explaining a forthcoming procedure.

7 Some children think that their illness is a punishment for being naughty. Reassure a child who feels guilty and believes that (s)he has brought the situation on her/himself.

8 Reassure a child who is anxious about being separated from her/his parents for the duration of the operation.

9 Discuss the table (previous page) on childhood stress. Continue the list - what other signs and symptoms may there be? Discuss the symptoms and give concrete examples. How does a child's stress manifest itself? How can you tell a child is in pain/anxious/afraid of something?

10 Discuss the concept of family-friendly ward. What makes a paediatric ward family-friendly? What could be done to make them even more family-friendly?

EMLA cream to relieve pain and discomfort

- a local anaesthetic cream to numb the skin area so that there will be less discomfort
- used during a minor procedures, such as blood tests or inserting a cannula (drip).
- needs to be applied at least 1 hour before a procedure
- "Let's apply some magic cream on your skin to take away the pinch."

B Pairwork

How would you explain the following information to a small child? Remember to prepare the child appropriately for the coming procedure/operation!

A

Potilas: 7-vuotias poika
Tulosyy: Tyräleikkaus (lapselle kerrottu viikkoa ennen kotona)

Huomioitavaa:

- Juttele lapsen kanssa: kysy suoraan lapselta mitä hän tietää ja mikä mietityttää.
- Kerro, mitä tapahtuu ennen leikkausta, suppeasti mitä sen aikana ja mitä sen jälkeen.
- Kun herää nukutuksesta, saa syödä (on pitänyt olla ravinnotta ennen toimenpidettä).
- Kerro milloin pääsee kotiin (sitten kun syönyt, juonut, pissannut ja kivut hallinnassa).
- On oltava rauhallisesti (voi leikkiä rauhallisia sisäleikkejä). Koulun liikuntatunneille ei ihan heti voi osallistua.
- Täytetään (anestesia)kaavake. Otetaan pituus ja paino.
- Puetaan sairaalavaatteet. Vanhemmat saavat olla siihen asti kunnes lapsi nukahtaa.
- Lapsi saa nukahtaa syliin. Kun lapsi herää heräämössä, hoitaja soittaa osastolle ja sitten vanhemmat tai huoltajat voivat tulla hoitajan kanssa hakemaan lapsen.

'Hello, my name is Marianna and I'm your nurse. I'm here to help you, and I will answer all your questions. What's your name? Do you know why you're here? Today the doctor will operate/fix that sore place you have/cure you. Would you like to ask me about it? What's on your mind? Is there anything you'd like to know? How do you feel about it?

Everybody who comes here gets to wear these special clothes. They're very comfy, a bit like your pyjamas. We will give you some magic milk so you can nap for a while. Your parents can stay with you when you fall asleep. Then the doctor will fix you/operate on you in that room while you sleep. When you wake up again, I will call your parents, they will come to see you and we'll all come back to this room together.

After the operation, you will get a nice meal. Then, after you've eaten, peed and rested for a while, you can go home. It's very important that you take it easy and don't run or jump around when you get back home. Then your wound will heal quickly. We will give your parents a note that says you can't do exercise at school until your wound has healed.'

B

Potilas: 9-vuotias tyttö
Tulosyy: hengitystieinfektio, keuhkokuume (oireet: lämpöä, yskää, hengitystiheyden muutos, räkäisyys, vinkuva hengitys)

Huomioitavaa:

- Selitä mitä tehdään: laitetaan IV-antibiootit (lääkettä tippumaan, jotta saadaan pöpö pois)
- Nesteet IV → korvaamaan kuumeen tuomaa menetystä (rohkaise myös juomaan)
- Laboratorionäytteet otetaan → Puuduterasva (EMLA). Valmistellaan lapsi näytteenottoon (verikokeet).
- Saattaa tarvita lisähappea → happiviikset tai happimaski.
- Saattaa tarvita keuhkoputkea avaavia inhaloitavia lääkkeitä (nebulizers and inhalators)
- Annetaan kuumetta alentavia lääkkeitä
- Kysy onko antibioottiallergiaa, onko tullut aikaisemmin oireita.

C

Potilas: 1-vuotias lapsi
Tulosyy: korkea kuume (39,2 °C)
(ensimmäinen kuumekouristus = febrile convulsion)

Huomioitavaa:

- Puhut hätääntyneen äidin kanssa, joka soittaa osastolle päivystysnumeroon. Rauhoittele äitiä.
- Kysy seuraavia asioita: onko lapsella muita oireita, paljonko lämpöä, miten tilanne kehittyi, milloin tilanne alkoi, saako lapseen kontaktia, onko virtsannut/ulostanut alleen? Milloin viimeksi pissannut/kakannut? Milloin vaippa vaihdettu? Onko annettu kuumetta alentavaa lääkettä? Milloin/Miten paljon (lapsen paino?)
- Ohjeistus: jos tilanne ohi, tulkaa omalla autolla lasten päivystykseen.
- Jos asuu kauempana, tai tilanne päällä tilataan ambulanssi (hätäkeskus).

D

Potilas: 1 kk:n ikäinen vauva
Tulosyy: ripuli ja suolistotulehdus (diarrhoea and gastroenteritis)

Huomioitavaa:

- Lapsi otettu osastolle vakavan kuivumisen takia.
- Kerro vanhemmille mitä tehdään: IV-kanyyli päässä nesteytyksen takia, nenämahaletku (voidaan antaa äidinmaidonkorviketta tarvittaessa), tehdään syöttöpunnitukset (ennen ja jälkeen syömisen), vaipat punnitaan, verikokeet
- Kuivumisen merkit vauvalla: lakiaukile kuopalla, silmät tummat, velttous, reagoimattomuus
- Verensokerin seuranta
- Tarvittaessa elektrolyyttiliuosta nenämahaletkun kautta
- Tarvittaessa kuumeen seuranta

E

Potilas: 4-vuotias tyttö
Tulosyy: korvatulehdukset, korvien putkitus ja kitarisaleikkaus (middle ear infections, ear tube surgery and tonsillectomy)

Huomioitavaa:

- Puhu lapsen ja vanhempien kanssa: mitä jo tietää toimenpiteestä, mitä kerrottu kotona?
- Kerro, että sairaalassa "korjataan" kipu pois.
- Täytetään kaavake: nimi, henkilötunnus, ikä, pituus, paino... (vanhemmat auttavat)
- Mitataan verenpaine: laitetaan "voimaranneke"
- Kysytään milloin lapsi on syönyt, juonut, pissannut.
- "Korjauksen" jälkeen: saa syödä jäätelöä (turvotus laskee); seurataan miten syöminen, juominen ja pissaaminen onnistuu
- Kotiin saa lähteä sitten, kun kipu on hallinnassa ja lääkäri antaa luvan
- Kirjalliset kotihoito-ohjeet mukaan

ASTHMA

Asthma is the most common chronic illness worldwide, affecting approximately 6–10% of children. The causes of asthma are not totally clear, but both genetic and environmental factors may contribute to the onset of the condition. Among children diagnosed with asthma, the condition may disappear or develop during the teenage years. It may also recur later. Moderate or severe childhood asthma is more likely to persist or recur.

Asthma is treated with medication, which is chosen based on the intensity of the symptoms. The majority of asthma medicines are inhaled.

C Write

Teach your child patient how to use her/his asthma inhaler correctly. Translate the following sentences into English.

1 Ravista inhalaattoria kunnolla ennen käyttöä.

2 Poista korkki ja varmista, että inhalaattori on puhdas.

3 Hengitä rauhallisesti sisään ja ulos muutaman kerran.

4 Pidä inhalaattoria paikoillaan ja aseta huulet suukappaleen ympärille.

5 Kun aloitat sisäänhengityksen, paina inhalaattorin painiketta kerran ja hengitä syvään.

6 Pidätä hengitystä laskemalla kymmeneen. Ota tämän jälkeen suukappale pois suusta ja hengitä rauhallisesti ulos.

CHILDHOOD ILLNESSES AND ALLERGIES

D Listen

Listen to the text about Jonttu and answer the questions in Finnish.

Jonttu's story

Our precious boy's health challenges began on the day he was born. He was overdue (41+5), my amniotic fluid was low and the labour had to be induced. The induction with oxytocin, however, caused problems in the foetal heart rate, and a decision to perform an emergency caesarean had to be made. Finally, after all the sweat and tears, our baby boy was with us. What a relief it was to be able to hold him at last, our little miracle.

Jonttu's birth measurements were 51 cm and 3450 grams. He was a healthy baby with a healthy appetite – up until the first month. After that, the poor baby became colicky, crying for hours on end in the evenings and resisting all our efforts to soothe him. This was a repeated, heart-breaking pattern for almost three months. At the age of four months, he started scratching his cheeks. After a few doctors' appointments and tests, egg allergy was confirmed. As a breast-fed baby, he had been sensitised to foods that I ate. The symptoms included an angry rash which disappeared once I left egg out of my diet. The next concern was atopic eczema, but luckily it could be relieved with moisturising creams.

The first ear infections began in less than one year resulting in myringotomy (incision of the eardrum) conducted in both ears. After recurrent infections and courses of antibiotics, we took the boy to a private hospital for tympanostomy tubes and tonsillectomy.

Once the ear infections subsided, the coughing began. Jonttu was now having prolonged coughing fits accompanied by shortness of breath, so we promptly decided to make an appointment with a paediatrician at a private clinic again. The asthma medication prescribed for Jonttu brought relief to his condition, and the paediatrician also gave us a referral to the hospital as a precaution. Thanks to this, we now felt much more confident.

The struggles didn't stop us from travelling as a family. In the humid climate of Gran Canaria, the symptoms eased off, and it was easier for Jonttu to breathe. The joy was short-lived though; the shortness of breath returned soon after the journey, this time accompanied by fever. We ended up at the Infectious Diseases Ward in the University hospital and stayed there for five days.

High fever and cold symptoms appeared once again when Jonttu was approaching two, but this time it was different. He was lying on the bed, lethargic and limp, just

staring absently with his eyes wide open. There was no response or eye contact, just the vacant look. It felt very scary. Luckily, the episode lasted only for ten minutes. While waiting for the ambulance, cold water was gently applied to his face and body. He started making little sounds and slowly regained consciousness. The duty paramedic took his vitals; his temperature was 40.1 degrees. Jonttu was taken to the Paediatric Emergency department and hospitalised for further tests and observation. We were told that Jonttu had experienced a febrile convulsion, a condition we had never heard about before, and after this will never forget.

1 Mikä ongelma synnytyksessä ilmaantui ja mihin se johti?
2 Mitä allergioita Jontulla todettiin?
3 Mitä toimenpiteitä Jontulle tehtiin, jotta korvatulehdusten aiheuttamia oireita pystyttiin lievittämään?
4 Mistä tuijotuskohtaus johtui?

E **Find suitable English equivalents for the following clues in the text.**

1 protects the growing foetus in the womb

_____

2 starting childbirth artificially

_____

3 the heartbeat of a foetus

_____

4 to comfort

_____

5 eczema

_____

6 to omit

_____

7 a wound made by a sharp instrument

_____

8 removal of tonsils

_____

9 children's doctor

_____

10 empty gaze

_____

ANAPHYLACTIC SHOCK IN A CHILD

An anaphylactic shock is a sudden, life threatening condition when the body's immune system overreacts to a normally harmless substance. It is important to explain to your child what actually happens because it is very frightening and distressing to have and witness an anaphylactic reaction.

An allergic person's immune system considers an allergen to be potentially damaging and releases histamine to defend the body against it. This causes certain changes in the body, which may produce a variety of mild to severe symptoms. Anaphylaxis is always a medical emergency and will always require immediate medical attention.

F **Read the following story and answer the questions that follow.**

Saara was playing with her dolls in her room. Her mother was busy in the kitchen preparing lunch for the family.

Suddenly, a loud crash was heard and Saara was crying, a weird, wailing noise that didn't sound at all like her.

Mum rushed to her room and found Saara on the floor. She was clutching her throat, wheezing. Her lips looked swollen, and they had a blue colour. She also had developed a rash, raised red patches, hives, were visible near her eyes and on her arms.

Saara's mother knew immediately what to do. She went to the medicine cabinet and picked up an adrenaline pen prescribed by their family doctor, and following the instructions, she placed the tip of the pen on Saara's thigh and pressed the plunger to release the medication.

She grabbed her phone and dialled for an ambulance, stating that her five year-old daughter was severely allergic to peanuts and had gone into an anaphylactic shock.

The paramedic crew was immediately dispatched and arrived seven minutes later. Saara was barely conscious on the floor, covered with a blanket. Her mother had turned Saara into a recovery position to prevent her choking as she had vomited, too. Saara was acutely unwell, her fingernails looked blue and she was very quiet.

The paramedics put an oxygen mask on Saara's face and inserted an IV-access to her arm for intravenous hydrocortisone to settle down the reaction before transferring her to the stretcher and carrying her to the blue-lighted ambulance waiting at the driveway.

The A&E at the hospital was informed of Saara's condition and were ready to receive her on her arrival with the paediatric team present.

Saara had to stay as an inpatient for the next 24 hours. Her mother was praised for her quick actions and potentially saving her daughter's life by having an auto-injector adrenaline pen handy. Saara made a full recovery.

Saara's new friend Iida had visited the previous day and had forgotten her coat on Saara's bed. In the coat pocket, there was a box of chocolate coated peanuts. Saara had found these, fed them to her dolls and took some herself, too.

Remember, always keep known food allergens away from the child's reach. The most common are peanuts, milk, fish, shellfish and eggs.

Other common allergens are insect stings, aspirin and some antibiotics, most often penicillin.

Your child may be referred to an allergy clinic for skin prick testing and blood tests to identify any allergens.

Text by Arja Simola-Pollock

It is paramount to have an Epi-Pen ready at all times to buy time until emergency care can arrive.

1 What is the name of the substance released by the immune system during an allergic reaction?

2 Name five common allergens that can cause an anaphylactic shock. How can allergies to certain substances be found?

3 What is the first line of treatment when you suspect someone is experiencing an anaphylactic shock? How is this medicine administered?

4 Discuss why you need a paramedic crew to attend to a person suffering anaphylaxis.

5 Talk with your colleagues about how to best avoid anyone having an allergic reaction. Think about food packaging/labelling as well as eating out.

Acute Diarrhoea in Children

Cause:	Diarrhoea is most often caused by a virus, e.g., rotavirus or adenovirus. Rotavirus is the leading cause of gastroenteritis in young children.
Onset:	Sudden
Duration:	In most cases, diarrhoea eases and goes within several days (i.e., it resolves on its own), but sometimes it can take longer.
Symptoms:	Fever, upset stomach, nausea, vomiting, loose and/or watery stools
Transmission:	Diarrhoea is often transmitted by direct contact from child to child (e.g., at day care through shared toys). Rotavirus stays alive on plastic toys and door handles for days! Rotavirus can also spread by airborne transmission.
Incubation time:	1 to 10 days
The main complication:	Dehydration
The main treatment:	The child needs plenty to drink. Rehydration drinks contain electrolytes and glucose. The best way to give the solution is slowly and in small doses (one sip or a spoonful at a slow pace) to avoid vomiting. Treat the fever with antipyretics.
Gastroenteritis (infection of the gut)	
Symptoms of gastroenteritis:	fever, mild respiratory symptoms, (such as cough, wheezing, shortness of breath), vomiting and loose stools, abdominal pain and poor appetite.

Handwashing is the best way to prevent the spread of infection!

Signs and symptoms of dehydration

- passing little urine (very few wet nappies)
- a dry mouth, a dry tongue and dry lips
- sunken eyes
- lack of tears when crying
- weakness
- being generally unwell
- not being her/his normal self

Symptoms of severe dehydration

- drowsiness
- pale or mottled skin
- cold hands or feet
- fast and shallow breathing
- lethargy
- irritability

Mild dehydration can be treated by giving the child lots of fluids to drink.
Severe dehydration can be fatal and needs medical assistance. In severe infection, young children require intravenous fluids in hospital.

G Combine

Acute diarrhoea in children. Combine the expressions and the meanings.

1. ...is a self-limiting condition, clears within a few days _____
2. direct transmission from person to person (from hands through contaminated surfaces) _____
3. crampy pains in the tummy _____
4. faeces _____
5. incubation period _____
6. antipyretics _____
7. give the child plenty of fluids _____
8. airborne transmission _____
9. wheezing _____
10. drowsiness _____
11. sunken eyes _____
12. being sick _____

A abdominal pains

B rehydrate the child

C vomiting

D ...via faeco-oral route

E a whistling sound, especially when exhaling, a sign of laborious breathing

F feeling sleepy and lethargic

G resolves on its own

H medicines to relieve and reduce fever

I the time from the moment of exposure until signs and symptoms of the disease appear

J stools

K through droplets released in the air when coughing or sneezing

L a visible sign of dehydration

3.4 Psychiatric Nursing

A Listen

Listen to Carl's story.

One step at a time

My name is Carl, and I'm a 36-year-old single man. My childhood was a rural experience. My family didn't farm, my father was a military musician and my mother a stay-at-home mum. The nature of my father's work meant that he was rarely at home during afternoons and evenings when I was at home. His military band played over two hundred gigs a year. I had a largely absent father figure. When he was at home, he rarely had the energy to do anything with me or my brother. My mother was overprotective, and she instilled some of her fears in me. Thankfully none of her phobias stuck.

After we got a home computer, I slowly started becoming more introverted. I began to do less and less exercise. In general, I felt that I was a sensitive and somewhat quiet child. I had a wild side to me, but when I did something too wild or naughty, my father physically punished me by pulling my hair. It undoubtedly harmed my ability to act on instinct. If I ever have children, I'll never resort to physical punishment.

When it comes to my school life, I wasn't very popular. I had a few friends in school, but not many. There were some bullies in my elementary school who sometimes picked on me, but not to a large degree. When I entered junior high school in a larger town, the bullying intensified. There wasn't anything odd or different about me physically but being quiet was enough. The bullying was almost purely psychological, and it hurt my self-esteem so much that I didn't have the confidence to date girls in my teens. Of course I had crushes on girls in my class, but I didn't have the social courage to do anything about it.

At some point, I stopped eating at school as my psychological well-being was so bad that I didn't have an appetite. And the bullies would be there waiting for me in the cafeteria. Naturally, I'd be hungry as a wolf when I got home where I could relax. I was slightly anorexic, and I'd often throw up because of anxiety. Most commonly I'd throw up before I would have to appear before the class and do a presentation. Then things came crashing down. My biology teacher threatened

to give me a failing grade if I didn't start raising my hand more often in class. I knew the answer most of the time, but I didn't want to draw attention to myself. I explained the situation to her. She was the first teacher I told about the bullying. However, there was only a month left of junior high school so not much could be done.

I had my first panic attack probably when I was 10 as we were attending a church wedding. We had to stand during the ceremony, and I started feeling incredibly bad and came close to fainting. My parents brushed it off as nothing serious, they thought it was the stale air in the church. There were other instances, too. For example, when I had to leave for a Christian summer camp as a part of my confirmation, I got so ill on the way that we had to go to the emergency room. I guess being away from home for two weeks at a camp with my worst bullies was too much for me to handle.

I didn't get the correct diagnosis for my condition back then. What was treated the most was my stomach since I felt most of my anxiety there. I was prescribed anti-acids, if I recall correctly. The first time I got SSRI meds was after I opened up about the bullying. I stopped taking them shortly after with a doctor's approval since the bullying problem wasn't there anymore.

After graduating from vocational school with excellent grades, I got accepted to a University of Applied Sciences in Pori. It was the first time I had my independence, a bitter sweet thing. I could do anything I wanted, but at the same time, I really disliked living alone. After four months of studying, it was clear that I didn't spend enough time at home recapping the things I had learned during the day, and I started getting failing grades. Instead of fighting to keep studying, I quit school and moved back home with my mother. My parents got divorced around the time I started university studies. It was an ugly break-up which also affected me at the time.

I spent about a year doing nothing but playing computer games until I decided to move to Tampere in hopes of better job opportunities. There weren't any IT mechanic jobs available, so I quickly quit looking for a job. Online roleplaying games had me hooked badly at the time. I effectively isolated myself from the outside world. In those virtual worlds, you were somebody that could achieve great things, and there were other people playing with you so I didn't feel completely alone. I realised I had to do something to advance my life so I started studying 3D modeling by myself. I came close to getting a job as a 3D modeler, but the company went bankrupt before I could start working there. That took the wind out of my sails, and I stopped studying. At some point I trained skills in photo editing and video editing, but I kept playing the majority of the time.

A little later, my best (and only) friend died suddenly of a brain haemorrhage after which I started having more frequent panic attacks. Over the following four years, my condition eventually got so bad that I couldn't go to the local grocery store without getting a panic attack. Something drastic had to be done. My GP referred me to a day hospital. It took some time (almost half a year) for a spot to open up for me, but when I got to the day hospital, things quickly started improving. I could share my experiences with other people in similar circumstances, and I started befriending them. The stay lasted 6 weeks, after which I had close to ten new friends and a new outlook on life. My new group of friends met weekly or more often to give mutual support to each other and just to have fun. We kept in touch for about two and a half years at which point the need for mutual support was diminishing.

Shortly after the day hospital stay, I got a rehabilitation job at a mixed workshop. I refurbished furniture, which was quite pleasant and relaxing. The job didn't fit my education, but I was happy to be out of the house. Then I got another rehabilitation job at a graphic design workshop where I learned tons about graphic design and started feeling more confident about my chances on the job market. From there, I took the leap to apply for Tampere University of Applied Sciences since one of their courses would teach me game design.

Games have always provided me with an escape when I have been feeling the worst. I prepared for the entrance exam well, and I was accepted. At the start, adjusting to school life was difficult maybe due to bad subconscious memories. Sedatives helped me with the worst anxieties. Once I got used to the routine, the need for sedatives grew smaller. Right now, it's quite smooth sailing, but I do have some bad days occasionally.

I still have a mild antidepressant prescription, which I'd like to stop taking at some point. They help with anxiety and panic attacks, but some of the side-effects are inconvenient. They take joy out of everything. There's also a noticeable difference in the amount of sexual pleasure I can receive. There's several antidepressants that I've tried, but all of them have had the sexual and unwanted mood effects. What has helped me the most with the panic attacks is building up a tolerance by confronting situations that usually make me anxious. Shying away from those situations is the worst thing I could do. Having structure in my life also helps. My psychologist taught me a breathing technique that I can use to calm my body. Situations where I simply cannot control myself are those when I have to resort to sedatives, but I'm not worried about sedative use. They're prescribed to me for a reason.

The future looks brighter than ever.

B Write

Find the words in the text.

1. poissaoleva, ei paikalla _____
2. pelko _____
3. herkkä _____
4. vaiston varassa _____
5. koulukiusaaja _____
6. itsetunto _____
7. itseluottamus _____
8. ruokahalu _____
9. ahdistus _____
10. paniikkikohtaus _____
11. sivuuttaa jokin asia _____
12. mahan happamuutta vähentävät lääkkeet _____
13. inhota jotakin _____
14. eristäytyä _____
15. aivoverenvuoto _____
16. päiväsairaala _____
17. kuntoutus _____
18. alitajuinen _____
19. masennuslääke _____
20. rauhoittava lääke _____
21. sivuvaikutus _____
22. mielentila _____
23. sietokyky _____
24. hengitystekniikka _____

C Quiz

Study the text and answer the questions.

1 Millaista elämä Carlin perheessä oli?
2 Mitä ongelmia Carlilla oli lapsena ja millaisia oireita hänelle tuli niiden seurauksena?
3 Minkälaisia hoitokeinoja Carl on käynyt läpi?
4 Miten hän hoitaa itseään nykyään, ja miten hän voi?

D Pairwork

Together with your partner, make up questions about the text. Exchange your questions with another partner and provide answers.

E Pairwork

How would you explain these conditions in your own words? Take turns with your partner.

MENTAL CONDITIONS AND ILLNESSES	
masennustila	**depression**
somatisaatiohäiriö	**somatisation disorder**
kaksisuuntainen mielialahäiriö	**bipolar disorder**
maanisuus	**manic behaviour**
paniikkihäiriö	**panic disorder**
ahdistuneisuushäiriö	**anxiety disorder**
psykoosi	**psychosis**
persoonallisuushäiriö	**personality disorder**
muistisairaus	**memory disorder**
pakko-oireisuus	**OCD, obsessive compulsive disorder**
skitsofrenia	**schizophrenia**
dissosiaatiohäiriö	**dissociation disorder**

F Combine

Combine the symptoms and their descriptions.

A problematic self-image and relationships _____

B bodily sensations and conditions _____

C substance abuse _____

D self-destructive behaviour _____

E experiences of dissociation _____

F depression _____

G anxiety _____

H compulsions or tics _____

I hyperactivity _____

J problematic rest _____

K aggravation _____

L memory problems _____

M exotic sensations or thoughts _____

1 low mood, hopelessness, loss of feelings of interest or pleasure

2 feeling angrier or more easily irritated than normal

3 doing multiple things intensively all the time, taking unnecessary risks, sleeping little yet feeling energetic

4 scared, very nervous, worried, fear of not making it, panicking, avoidance of situations that cause angst

5 pain, aching or health problems

6 suicidal thoughts or actions

7 hearing sounds others can't hear, hearing other people's thoughts, others hearing one's own thoughts

8 difficulties with falling asleep, sleeping or quality of sleep

9 difficulties in recalling or locating things

10 repeated and compulsive thoughts, impulses, mental images, acts or behaviour

11 feeling estranged or separated from one's self, thoughts and memories

12 uncertainty of who I really am or what I want, or difficulties in making contact with other people

13 extensive smoking or drinking, possibly also use of narcotics

WORDS TO HELP YOU	
sensation	tuntemus
compulsion	pakko-oire
self-image	omakuva
estranged	etääntynyt, vieras

G Groupwork

Based on your knowledge, which conditions and illnesses are these symptoms commonly associated with?

1 low mood, hopelessness, loss of feelings of interest or pleasure

2 feeling angrier or more easily irritated than normal

3 doing multiple things intensively all the time, taking unnecessary risks, sleeping little yet feeling energetic

4 scared, very nervous, worried, fear of not making it, panicking, avoidance of situations that cause angst

5 pain, aching or health problems

6 suicidal thoughts or actions

7 hearing sounds others can't hear, hearing other people's thoughts, others hearing one's own thoughts

8 difficulties with falling asleep, sleeping or quality of sleep

9 difficulties in recalling or locating things

10 repeated and compulsive thoughts, impulses, mental images, acts or behaviour

11 feeling estranged or separated from one's self, thoughts and memories

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13 extensive smoking or drinking, possibly also use of narcotics

H **Read the following job description of a psychiatric nurse and find the words and expressions in the text.**

Working in psychiatric care

Green Village

I work as a psychiatric nurse, and my clients are substance abusers. I have also completed a specialist qualification degree in that field. My current work began four years ago when I came directly from school to work as a permanent employee. Previously I've worked in many professions, but they don't play an important role in my current job.

Green Village residential care unit, the place I work, has room for 49 residents and it's always full. There are also a lot of people waiting to get in. The residents live either in shared accommodation or one-room flats. Some spend a couple of weeks here, others stay for years. Some clients may live the rest of their lives in our care unit. In other words, this is their 'end station'.

The clients are mainly alcoholics, drug addicts and persons with mental health problems, but there are also some who simply find it difficult to lead a regular daily life. For these reasons, they are settled in our community.

An average client is a man approaching middle age with a long background of substance abuse problems. The personnel includes the executive director, a nurse and eight practical nurses. Our duties include taking care of the clients for which assigned personnel are responsible. Each staff member has 10 clients. Also, other residents are treated, but the assigned clients' matters are our primary duties. For example, different social benefits, behaviour with substances, health care and daily living are focused on with the assigned clients. In general, our role is to work as 'helping egos' towards them. Additionally, the purpose is to try to oversee and/or prevent the use of substances, i.e., alcohol and drugs. Younger drug addicts are among my responsibilities.

The work itself is organized in three shifts, and that makes every day different. Night shifts mainly include working on call at the office, whereas day shifts may require multitasking in ten different places. However, sometimes it's totally quiet. The basic work consists of administration of medicines, running the clients' daily errands, providing guidance and informing and contacting collaborators. It's also quite common that we carry out trips or keep our residents active otherwise. None of our residents are urged to live substance free, but as soon as there are any signs of quitting substances, the personnel strongly encourages the resident in their endeavour.

The most rewarding part of our job is the client contact and the way your own work
35 becomes positively visible in a resident's life – not just through the mandatory tasks, but also through your personal efforts. The negative sides of my job include verbal abuse and threat of violence. Some people may have troubles coping with it, but it's part of the profession, I think. If the situation escalates too much, it is often due to wrong approach of staff, rather than the client's behaviour.

1 päihteiden väärinkäyttäjä _____
2 suorittaa _____
3 erikoistutkinto _____
4 vakituinen työntekijä _____
5 ammatti _____
6 elää elämää _____
7 toiminnanjohtaja _____
8 työtehtävä _____
9 sosiaalietuus _____
10 narkomaani _____
11 yövuoro _____
12 lääkkeiden jakaminen _____
13 hoitaa päivittäisiä asioita _____
14 yhteistyökumppani _____
15 pyrkimys, yritys _____
16 palkitseva _____
17 näkyvä _____
18 pakollinen _____
19 väkivallan uhka _____
20 tulla toimeen _____

Pairwork

Discuss with your partner. Go through the following phone conversation in English between a psychiatric nurse and a client. Remember to be polite!

Nurse Green Village asumispalveluyksikkö,
sairaanhoitaja (oma nimi) puhelimessa!

Client Esittele itsesi. Soitat tähän yksikköön saadaksesi apua äidillesi.
Hän on alkoholisti, joka ollut raitis viimeisen vuoden.
Nyt hän juonut runsaasti alkoholia ja pelkäät,
että hänellä alkaa uusi ryyppyputki.
Kysy, miten äitisi voisi päästä asumisyksikköön ja raitistua uudelleen.

Nurse Kerro, että yksikköön ei pääse suoraan, vaan terveydenhoidon ammattilaisen lähetteellä. Esimerkiksi päihdehoitoon erikoistunut lääkäri voi tutkia äitinne tilanteen. Valitettavasti kaikki paikkamme ovat tällä hetkellä täynnä ja jonossa on kymmenen uutta asiakasta.

Client Olisiko jokin keino, jolla estää äidin juomista?
Mitä eri terapiavaihtoehtoja on olemassa?
Olen kuullut, että paikallinen AA-kerho järjestää matalan kynnyksen tapaamisia kerran kuukaudessa.

Nurse Esittele sopivia terapia-/kuntoutusmuotoja.

Client Jatka keskustelua. Kysy vielä jatkokysymys.

Nurse Vastaa. Kysy, saiko soittaja riittävästi tietoja eri vaihtoehdoista auttaakseen äitiänsä.

Client Vastaa ja päätä puhelu.

WORDS TO HELP YOU	
pakonomainen juominen	**binge drinking**
ryyppyputki	**drinking-bout**
raitis	**sober**
anonyymit alkoholistit (AA)	**Alcoholics Anonymous (AA)**

RELATED TERMINOLOGY	
päihdehuolto	**social work with intoxicant abusers, care for alcohol and drug abusers**
päihdehuoltola, päihdehuoltolaitos	**institutional care for substance abusers**
päihdeterapeutti	**therapist for substance abusers**
päihdeongelmainen	**intoxicant abuser, substance abuser**
päihdevanhemmat	**parents with substance abuse problems**
huuumevieroituslaitos	**detoxification (clinic), detox centre**
vieroitusoireet	**withdrawal symptoms**
lähete	**referral**

J

Pairwork

How would you say these patient interview questions in English?
Student A begins, Student B helps if necessary. Switch roles after finishing the exercise.

Student A	
1	Kuinka paljon käytät alkoholia kerralla? Entä kuinka usein?
2	Milloin koit, että masennuksesi alkoi?
3	Koetko, että nuo oireet kuuluvat sairauteesi?
4	Onko suvussasi skitsofreniaa?
5	Kuinka perheessäsi on näytetty tunteita?
6	Ketkä kuuluvat lähipiiriisi?
7	Onko sinulla ollut aistiharhoja?
8	Onko unesi virkistävää?
9	Onko unihygienia sinulle tuttu asia?
10	Teetkö rentoutusharjoituksia?
11	Millaiseksi kuvailisit mielialaasi tällä hetkellä?

ANSWERS for Student B:	
12	Do you feel that your current medication is suitable for you?
13	Have any of the people close to you committed suicide?
14	Do you think light has an effect on your mood?
15	Are you experiencing difficulties with controlling your feelings? Do you find it difficult to control your feelings? Is it difficult for you to control...?
16	Bipolar disorder can be affected significantly with medication.
17	Are you motivated to commit yourself to group activities?
18	The doctor will order a blood test for you.
19	How is your everyday life going?
20	Do you recognise your periods of hypomania yourself?
21	Have your significant others noticed anything out of the ordinary in your behaviour?
22	What kind of a social network do you have?

Student B	
12	Koetko, että nykyinen lääkitys sopii sinulle?
13	Onko joku läheisistäsi tehnyt itsemurhan?
14	Tuntuuko, että valoisuudella on vaikutusta mielialaasi?
15	Onko sinulla vaikeuksia hallita tunteitasi?
16	Kaksisuuntaiseen mielialahäiriöön voidaan vaikuttaa merkittävästi lääkehoidolla.
17	Oletko motivoitunut sitoutumaan ryhmätoimintaan?
18	Lääkäri määrää sinulle verikokeet.
19	Miten arkesi sujuu?
20	Tunnistatko itse hypomaniajaksot?
21	Ovatko läheisesi huomanneet voinnissasi jotakin poikkeavaa?
22	Millainen sosiaalinen verkostosi on?

ANSWERS for Student A:	
1	How much alcohol do you take at a time? How often do you drink alcohol?
2	When did you feel depressed for the first time?
3	Do you feel that those symptoms are a part of your condition?
4	Is there schizophrenia in your family?
5	In what way have feelings been expressed in your family?
6	Who do you consider your closest people?
7	Have you experienced hallucinations?
8	Is your sleep rejuvenating?
9	Are you familiar with sleep hygiene?
10	Do you do relaxation exercises?
11	How would you describe your mood right now?

K Pairwork

Design and act out a short patient interview with a psychiatric patient. Use the phrases here and on the previous pages and come up with your own.

Phrases

Have you ever hurt yourself on purpose, for example, by cutting?
Why have you been hurting yourself?
What causes your anxiety?
Can you say what factors trigger anxiety in you?
Why are you feeling so distressed?
Could you tell me what kind of a situation makes you the most anxious?
What kind of thoughts or feelings did the situation bring up (for you)?
Have you thought about what anxiety control methods would suit you best?
What methods do you use to decrease your anxiety?
How do you make the anxiety go away?/How do you suppress the anxiety?
Have you ever had suicidal thoughts?

How would you describe your life situation?
Can you tell me about your support network?
What kind of relationship do you have with your mother/father?
How often do you keep in touch with your parents?
Are your parents aware of your thoughts?
How do you see your future?/What kind of future do you see for yourself?
You have many resources that you can utilise.

Are you experiencing visual or auditory hallucinations?
Have you had to take extra medication?
Has the medical treatment worked well?
What were the best and worst moments for you last week?
How has your mood been during the past week?
How does the other patients' behaviour or condition affect you?

Are you using a meal plan?
Do you have yourself weighed regularly?
Are there mental or neuropsychiatric problems running in your family?
How would you describe your mood on a scale of 0 to 10?
Do you have compulsions or compulsive movements/tics?
Do you think medical treatment would be beneficial to you?
Do you feel that conversational therapy would be helpful for you?

UNIT 4

Here's How to Take Care of Yourself

4.1 Giving Home Care Instructions
4.2 Promoting Health and Recovery

4.1 Giving Home Care Instructions

Effective and successful communication when discharging a patient:

- Focus on key points.
- Avoid excessive information.
- Avoid medical jargon.
- Encourage questions.
- Ask patients to repeat the information in their own words to make sure that they have understood.

Make sure the patient understands the home care instructions given.

Careful discharge planning = smoother recovery

Dear patient!

Some people are concerned about treating their pain at home for fear of addiction or side-effects. Taking the medication as prescribed is important.

Keeping your pain under control and at a tolerable level will help you keep moving, which speeds the recovery process. If you are in too much pain to walk, you will be at risk for developing blood clots or pneumonia. Take the prescribed medicines regularly–do NOT wait for your pain to get severe. Successful pain control also makes it easier for you to sleep properly, which in turn promotes healing.

A Pair discussion

Take a look at the following concepts related to discharging a patient. Which ones did you find? Give concrete, real-life examples of how these are realised. Share your own experiences both as a patient and as a nurse. Are there any other significant principles you'd like to add?

Successful discharge of a patient

Planning & arranging • the homecoming or • transfer to another care facility • someone to pick the patient up from the hospital • a (disabled) taxi/ ambulance (a receipt for the taxi from the hospital)	**Making sure that** • there are painkillers at home (paracetamol and/or anti-inflammatory painkillers) • there is a companion (someone to look after the patient at home) • the patient does not drink alcohol or operate machinery for at least 48 hours after any procedure involving general anaesthesia	**If and when needed** • visiting nurses' services and home care services will be arranged • assistive equipment (wheelchair, crutches, etc.) can be obtained from the local health centre or assistive device centre • rehabilitation organised • follow-up appointments and tests booked
Medical records • e-prescriptions • medical report • X-ray, MRI and ultrasound images • discharge summary • epicrisis • sick leave certificate Medical Certificate A Medical Certificate B • consent asked (so that patient records can be forwarded to the patient's GP)	**Discharge planning is** an important part of the overall care plan	**Instructions given on** • pain management • medications (pre-hospitalisation medications have to be compared with the post-hospitalisation medications) • wound care • medical equipment (e.g., drain, stoma, catheter) • diet • rest and exercise • normal and abnormal signs and symptoms
If in doubt • telephone number(s) are available for care information 24 hours a day including weekends • consult the written home care instructions	**Successful discharge planning** • can decrease re-admissions • may speed the recovery • is likely to ensure successful pain management	**Information given on** • patient organisations • peer support • adaptation training

B Pairwork

Discharge planning for a hip replacement surgery patient:
Combine the patient's questions with appropriate answers given by the nurse.

Patient		Nurse
1 How soon after the operation will I be up and about?	_____	A Your medical team will tell you: • NOT to raise your knee higher than your hip. • NOT to sit on low chairs, beds, or toilets. • NOT to bend down to put on your socks or shoes for a while. • NOT to rotate your leg.
2 How soon can I put weight on the affected limb?	_____	B Postsurgical pain usually lasts 4 to 6 weeks. Pain is managed with appropriate medication. Ice packs can be used to relieve discomfort.
3 How am I going to cope at home after the surgery? Will I need home help?	_____	C Usually people spend 2–4 days in the hospital post-operatively.
4 How long do I have to stay in hospital?	_____	D Safety measures at home: • pillows on chairs enabling you to sit with your knees lower than the hips • grab bars or handrails to hold onto • a raised toilet seat • a stable shower bench • dressing and washing aids • a reacher that allows you to grab objects without bending your hips too much • removing carpets, mats and electrical cords from the floors to avoid tripping
5 How long do the recovery and rehabilitation take?	_____	E You can drive a car after about six weeks (when not using crutches anymore). It can be challenging to get in and out of your car at first.
6 Will I experience a lot of pain after the surgery?	_____	F Your physiotherapist will teach you how to correctly put weight on the affected leg. You may be allowed to do as much weight bearing as you can tolerate.
7 How long am I going to need crutches after the surgery?	_____	G Start gradually increasing mobility and stamina (as instructed by your physiotherapist): • walk first at home and later outside • do normal household activities • do balance exercises, climb stairs
8 When will I be able to drive a car?	_____	H Full recovery usually takes 3-6 months depending on the type of surgery, your overall health and how successful your rehabilitation is.
9 What can be expected after the surgery (while recovering at home)? Will there be swelling and bruising at the site of the surgery? How am I going to feel?	_____	I It is ideal to get up and walk about as quickly as possible after surgery, sometimes as soon as on the day of your operation.
10 How will I look after my new hip? Are there dos and don'ts I should know about?	_____	J You will need help getting dressed, washed, and with domestic chores. Arrange for someone to help you at home for 1–2 weeks after your discharge.
11 What kind of exercises are good for me?	_____	K Crutches are usually needed for 4–6 weeks postoperatively. Use crutches for as long as: • it is painful to bear weight • there is discomfort with walking • you haven't regained your balance
12 What can I do to make my home as safe as possible?	_____	L There is likely to be stiffness in the hip and leg, muscle weakness and swelling and bruising at the surgery site. You may feel fatigued. You need to take care of the surgical wound and recognize the signs of infection.

C Pairwork

Ask questions about home care instructions for hysterectomy and give answers to them. Continue the dialogue with additional questions.

Patient	Nurse
1. Millaisia oireita leikkauksen jälkeen?	1. Niukkaa veristä vuotoa, lievää kipua ja kirvelyä n. neljän viikon ajan.
2. Millaiset oireet eivät olet normaaleja (ja milloin pitää ottaa yhteyttä sairaalaan)	2. Kuume, kova kipu leikkausalueella ja pahanhajuinen vuoto eivät ole normaaleja oireita.
3. Leikkaushaavan hoito?	3. Haavaa hoidetaan suihkuttamalla.
4. Jälkitarkastus	4. Mahdollinen jälkitarkastusaika sovitaan hoitajan kanssa sairaalasta lähtiessä.
5. Ompeleiden poisto?	5. Ompeleet ovat joko itsestään sulavat tai poistettavat. Teille kerrotaan ennen kotiinlähtöä, pitääkö ompeleet poistaa.
6. Mitä pitää varoa kotona toipumisaikana?	6. Toipumisaikana ei saa nostella painavia esineitä eikä siivota.
7. Milloin yhdyntä on sallittu?	7. Yhdyntä sallittu n. kuukauden päästä leikkauksesta.
8. Sairausloma?	8. Sairausloman tarve yleensä n. 3 viikkoa.
9. Milloin saa käydä saunassa?	9. Saunaan saa mennä noin viikon päästä kotiintulosta (ompeleiden poiston jälkeen).
10. Liikuntaa koskevat ohjeet?	10. Ensimmäisen viikon ajan rajua liikkumista pitää varoa. Kohtuullinen liikkuminen toisaalta edistää toipumista sekä vähentää mm. veritulpan kehittymistä.
11. Ruokavalioon liittyvät ohjeet?	11. Monipuolinen ja rautapitoinen ruokavalio. (Anemiariski, suolen toiminnan edistäminen.) Tarvittaessa voi käyttää luumuja, leseitä tai ulostuslääkkeitä tilapäisesti. Runsas vedenjuonti.
12. Jatka keskustelua omilla kysymyksillä!	12. Jatka keskustelua reagoimalla parisi esittämiin kysymyksiin.

NOTE!

verenvuoto (aina vakava oire)	=	**bleeding**
märkä, vuoto	=	**discharge**
valkovuoto	=	**vaginal discharge**
verensekainen (valko)vuoto	=	**blood-stained discharge, discharge with streaks of blood**

WORDS TO HELP YOU	
leikkaushaava	**surgical wound**
vähäistä verensekaista vuotoa	**slight blood-stained discharge (discharge with streaks of blood)**
kirvely	**stinging**
pahanhajuinen vuoto	**foul smelling, bad smelling discharge**
tikit	**sutures, stitches**
poistaa tikit	**to remove stitches (sutures)**
sulavat ompeleet	**dissolving sutures**
jälkitarkastus	**follow-up examination**
yhdyntä	**intercourse**
leikkausalue	**the site of the surgery**
raju liikunta	**strenuous/vigorous exercise**
kohtuullinen liikunta	**moderate exercise**
veritulppa	**thrombosis, blood clot**
veritulppavaara	**a risk for thrombosis**
monipuolinen ja rautapitoinen ruokavalio	**balanced and iron-rich diet**
anemiariski	**a risk of developing anaemia**
suolen toiminnan edistäminen	**to normalise bowel movements**
luumut	**prunes**
leseet	**bran**
ulostuslääkkeet	**laxatives**

D Pairwork

Mr. Cooper has been discharged after suffering a stroke. His wife is consulting a health care provider. First combine the questions about home care instructions with the correct answers, then read out loud the dialogue with a partner.

Patient		Nurse	
1. Can he drive a car after having a stroke? When will he be able to drive again?	_____	A. He has to wear flat shoes and comply with his therapist's orders about limitations and walking skills. He has to be patient and remember that many everyday tasks are now more difficult to perform.	
2. Are there emotional symptoms expected after a stroke?	_____	B. It's important that he keeps his weight under control, follows a healthy diet (avoids saturated fats and sugar), drinks alcohol moderately and exercises enough. Smoking is not advisable. In addition, he should treat his elevated blood pressure and cholesterol levels.	
3. What kind of health problems are there likely to be after a stroke?	_____	C. After stroke, he won't be able to drive for 3–6 months. Driving a car requires a lot of different skills at the same time. The better one can see, think and use the body, the more likely it is to be able to return to safe driving.	
4. How can we make our home safer? What alterations and adjustments are needed at our home?	_____	D. He may experience weakness, paralysis, problems with balance or coordination, pain or numbness, problems with memory or thinking, tiredness and problems with the bladder.	
5. Is he going to need assistive equipment/ devices?	_____	E. Follow-up care is provided by physiotherapists, speech therapists, occupational therapists, dietitians, psychologists and social workers. The patient may attend rehabilitation from home 2–3 times per month.	
6. How do we prevent another stroke?	_____	F. Peer visits are organised by the local stroke organisation. They provide encouragement and help with feelings of isolation.	
7. What does he have to take into account in his everyday life?	_____	G. It is normal to feel angry, depressed and distressed after a stroke. There may be anxiety related to work, money and relationships. The tiredness caused by stroke can make things worse.	
8. How about follow-up care?	_____	H. Many effects of stroke can be eased with the help of assistive devices. There are various devices to assist eating, washing, gripping and moving.	
9. Is there peer support available for persons that are recovering from stroke?	_____	I. The patient may be moved to the 1st floor to avoid tripping on stairs. Safety rails and handles can be installed to ease everyday functions. Keep hallways clear.	

E Pairwork

Ask questions about home care/follow up instructions for a patient who has undergone a coronary angioplasty and give suitable answers.

Next of kin/Nearest person	Nurse
1. Kuinka pian toimenpiteen jälkeen pääsee kotiin?	1. Kotiutus yleensä 2–3 päivän kuluttua.
2. Saako itse ajaa sairaalasta kotiin?	2. Ei saa ajaa autolla. Omainen tulee hakemaan tai kuljet taksilla kotiin. Taksimatkoja varten tarvitaan Kelaa varten aina matkatodistus.
3. Kuinka pitkä sairausloma?	3. Sairausloma on noin 1 viikko, riippuen työn rasittavuudesta.
4. Millaista kuntoutusta on tarjolla?	4. Fysioterapiaa, ravitsemusterapiaa ja ohjattua liikunnallista kuntoutusta.
5. Onko tupakointi sallittua?	5. Tupakoinnin lopettaminen ja päivittäinen liikunta ovat välttämättömiä.
6. Mitä riskitekijöitä pallolaajennukseen liittyy?	6. Pallolaajennus ei paranna varsinaista perussairautta, joten riskitekijöihin (korkea kolesteroli ja verenpaine, ylipaino, liikunnan vähyys) kannattaa kiinnittää huomiota.
7. Onko tarpeen tehdä muutoksia ruokavalioon ja elämäntapoihin?	7. On tärkeää noudattaa sydänpotilaan ravitsemus- ja liikuntasuosituksia.
8. Millaista liikuntaa on hyvä harrastaa?	8. Alussa kevyempää liikuntaa, mutta vähitellen, kunnon salliessa, harjoitusten rasittavuutta voi nostaa.
9. Voiko käyttää alkoholia?	9. Alkoholia voi käyttää enintään kohtuullisesti. – Miehet: enintään 14 annosta viikossa – Naiset: enintään 9 annosta viikossa EI joka päivä, eikä kerralla enempää kuin 5 annosta miehille ja 4 annosta naisille. (www.sydanliitto.fi)
10. Mistä voi saada lisää tietoa?	10. Terveyskeskukset, sairaalat ja sydänpiirit järjestävät kursseja ja ensitietopäiviä.

F Find information

Choose a condition that interests you and find information on it. Draw up a patient information leaflet in which you provide suitable instructions for a patient to be discharged.

G Listening comprehension/dialogue

You will hear a dialogue between a nurse and a patient who will be discharged today. Fill in the gaps.

Discharging a patient with chronic unidentified back pain

Present: Nurse and patient.

Nurse Hello again. So, I heard you are going home today?

Patient Yes, I was told this morning that they are going to 1 _____ me today.

Nurse How do you feel about it?

Patient Not too great, to be honest.

Nurse Why is that?

Patient I don't think my back will get any better at home either.

Nurse How does it feel now?

Patient Well, it's better now, but I'm sure it will get worse at home. Eventually, at least.

Nurse Is there any 2 _____ why you think it would? I had the impression that the 3 _____ wrote you a 4 _____ for the very same 5 _____ you have been taking here. Haven't they kept your pain under control?

Patient Yes, they have, but when I return home, the pain will surely come back.

Nurse Well, we will see. It shouldn't, if you take your medications 6 _____. Let's hope they will find the reason behind your pain in further 7 _____.

Patient Wishful thinking.

Nurse Did the orthopaedist mention anything about your 8 _____?

Patient Yes, she did. They'll scan me next month.

Nurse Okay. Did you get instructions on how to prepare for the scan or are they sending them later?

Patient They are sending them later. I received the 9 _____ instructions for 10 _____ to do at home, though.

Nurse Do you have any questions about them?

Patient When will I get my prescriptions?

Nurse I will hand you 11 _____, but you don't necessarily need it. You only need your 12 _____ and possibly your 13 _____ when collecting the medicines at the 14 _____.

Patient Okay. I guess it's easier that way?

Nurse Yes, 15 _____ have been around for quite a while. Do you have anything to ask about your 16 _____?

Patient Not really.

Nurse Which means of transport are you using when heading home? Do you have a friend or 17 _____ to come and pick you up?

Patient Yes, my wife will, though we will go by bus. She'll come when she gets off work at around 4 p.m.

Nurse I'll bring your 18 _____ soon, and then we'll take a look at them together. You can get changed when you're ready. Is there anything else on your mind?

Patient Not really.

Nurse Okay, I'll be back soon.

4.2 Promoting Health and Recovery

A HEALTHY AND BALANCED DIET PROMOTES HEALTHY HEALING

A **Listen**

Listen to the following text and answer the questions.

Home care instructions given on discharge may also include dietary guidance. There may be new dietary restrictions and recommendations related to, for example, the patient's disease or condition, the procedure performed or the medications prescribed.

Patients with heart conditions are advised to make major changes in order to adopt a new, heart-friendly diet. To lower their blood pressure and cholesterol levels and to reduce their risk of developing (another) heart attack, they have to pay special attention to the type of the fats they consume. That means preferring foods with plant-based fat rather than animal fat. It is also important to cut down on salt. If the patient needs to lose weight, guidance is needed in how to do it safely. Attention needs to be paid to portion sizes.

Heart-healthy foods are ideal choices for anyone, but especially if you have diabetes. Newly diagnosed diabetics need dietary guidance on carbohydrates and are thus usually referred to a dietitian. Insulin-dependent diabetics need guidance in coordination of their nutritional needs and the insulin required. The goal is to keep the blood glucose levels as stable as possible throughout the day.

Cancer affects one's overall health, eating habits included. Weight loss, lack of appetite, swallowing difficulties, nausea, vomiting, diarrhoea and constipation are problems complicating a cancer patient's daily life. For cancer patients, eating a balanced diet is critical for restoring the vitality with which the disease has interfered.

Surgical patients also need to pay attention to a balanced diet as it has a significant impact on the patients' wellbeing during the surgery and recovery. A healthy diet strengthens the immune system, which in turn promotes the healing of wounds and decreases the risk of infections. Surgery affects most patients' appetites. Many people suffer from nausea, constipation or lack of appetite. It is, however, more challenging to heal if your body doesn't get the fuel it needs. Staying well-hydrated and following a healthy diet promotes healing, can minimize complications and alleviates the unwanted side-effects of anaesthesia (e.g., constipation).

Some medications cause loss of appetite, some may increase it. Moreover, medications can alter the senses of taste and smell thus reducing the pleasure associated with eating. Medications can also interfere with the way nutrients, such as fats, proteins and vitamins, are absorbed and digested. These are called medicine-food interactions. For example, patients on anticoagulant medication need to keep their diet stable and pay attention to their intake of vitamin K as this vitamin affects the blood thinning ability of the medicine.

1 Mihin asioihin
   a sydänpotilaan
   b diabeetikon
   ruokavaliossa tulisi kiinnittää huomiota?

2 Miten
   a syöpä
   b kirurginen toimenpide
   voi vaikuttaa ruokahaluun, syömiseen ja ruokavalioon?

3 Miten K-vitamiini liittyy hyytymisenestolääkitykseen?

B Pair discussion

Take a look at the photos below. Discuss the following topics.

- Present the main elements of the Finnish nutrition recommendations.
- The Mediterranean diet is considered to be healthy by many experts. What are the benefits of it?
- Mention some pros and cons of other types of diets (e.g., vegetarian, vegan or palaeolithic diet).
- How many meals (main meals and snacks) should you have a day?
- Why shouldn't you skip breakfast?
- Why should you aim to follow the 'seven-colour rule' (to eat a rich variety of fruit and vegetables)?
- How do dietary choices affect one's dental health? How can you promote dental health?
- What should you pay attention to in your diet if you have:
  a constipation
  b anaemia
  c a risk of osteoporosis?
- How does coeliac disease affect a person's diet?
- What are common food allergies?
- What other restrictions may there be in a person's diet?
- Give tips on how to lose weight safely.
- How about your own eating habits? Are you on a special diet? (Share your views as long as you feel comfortable with it.)

WORDS TO HELP YOU

terveys	**health**
terveellinen	**healthy**
terveelliset ruokailu-tottumukset	**healthy eating habits**
syödä terveellisesti	**to eat healthily**
terveyttä edistävä ruokavalio	**a health-promoting diet**
pitää paino kurissa	**to keep weight under control**
saada lisää painoa, lihoa	**to gain weight**
menettää painoa, laihtua	**to lose weight**
vähentää sokeria	**to cut down on sugar**
eläinproteiini	**animal protein**
kasviproteiini	**plant protein, plant-based protein**
linssit	**lentils**
pähkinät ja siemenet	**nuts and seeds**
pavut ja herneet	**beans and peas**
hitaat ja nopeat hiilihydraatit	**unrefined and refined carbs (slow and quick carbs)**
palkokasvit	**legumes**
maitotuotteet	**dairy products**
gluteeniton ruokavalio	**gluten-free diet**
välttämättömät rasvahapot	**essential fatty acids**
tyydyttymättömät ja tyydyttyneet rasvat	**unsaturated and saturated fats**
transrasvat	**trans fats**
kasviöljyt	**vegetable oils**
oliiviöljy	**olive oil**
ravintokuidut	**fibre**
vitamiinit ja hivenaineet	**vitamins and trace elements**
alentaa kolesterolia	**to lower cholesterol**
antioksidantit	**antioxidants**
luomuruoka	**organic food**
Omega 3 -pitoinen ruoka	**Omega 3 rich food**
vähärasvaiset ja rasvattomat maitotuotteet	**low-fat and fat-free dairy products**
ruokapyramidi	**the food triangle**
lautasmalli	**the food plate model**
suomalaiset ravitsemussuositukset	**Finnish nutrition recommendations**
ravintoaineet	**nutrients**
kokojyvä	**wholegrain**
tyydyttymättömät/ tyydyttyneet öljyt	**unsaturated/ saturated oils**
papu	**bean**
raejuusto	**cottage cheese**
tärkkelyspitoinen	**starchy**
hiilihydraatti	**carbohydrate**
luukato, osteoporoosi	**brittle bone disease, osteoporosis**
rahka	**quark**
kestävistä lähteistä tuleva	**sustainably sourced**
käsitelty	**processed**
roskaruoka	**junk food**
jättää aamupala väliin	**to skip breakfast**
lohturuoka	**comfort food**

C Write

Complete the sentences with terms you find in the box. Some words may be left over.

omega-3 fatty acids	lycopene	antioxidants	fibre	digestion
trace elements	carotene	folic acid	ginger	legumes
flavonoids	proteins	macronutrients	wholegrain	

1 Protein is one of the three _____ the body needs along with carbohydrates and fats.

2 Good carbohydrates and heart-healthy fats are needed as fuel for the body to perform the activities of daily living, whereas _____ are responsible for cellular and tissue growth and repair.

3 Nuts, seeds, _____ and lentils are good sources of healthy, plant-based proteins.

4 Oily fish is an excellent source of _____.

5 A normal healthy diet should include both soluble and insoluble _____.

6 A fibre-rich diet provides plenty of vitamins and minerals. Eating _____ cereals and plenty of fruit and vegetables helps to ensure you're getting enough fibre. The health benefits are significant: healthy digestion, easier to maintain a healthy weight and lower risk of diabetes and heart disease.

7 Dark green vegetables, e.g., broccoli, spinach and Brussels sprouts, are particularly rich in _____.

8 _____ is a cancer-preventative phytonutrient, an antioxidant with numerous benefits. It's most commonly found in tomatoes.

9 _____ are best known for their antioxidant and anti-inflammatory properties as well as the rich colour they give to fruits, vegetables and berries.

10 Relieving fatigue, headaches and migraines, flushing out toxins, helping _____ and preventing constipation are among the many benefits related to drinking a sufficient amount of water every day.

Translate the terms that were left out:

_____

_____

_____

Healthy Carbohydrates

- Make sure you eat 5 portions of vegetables, fruit and berries a day.
- Eat a range of colours to increase variety.
- Don't forget the greens! Leafy greens are filled with vitamins, minerals and antioxidants (e.g., folic acid and iron).

Healthy fats

- Favour unsaturated fats (e.g., vegetable oils).
- Use low-fat or fat-free dairy products.
- Aim to eat oily fish 2–3 times a week as oily fish is the best source of Omega-3 fatty acids.
- Remove visible fat and skin from meat and poultry.
- Keep saturated fats and trans fats to a minimum. They increase your bad cholesterol levels.
- Check food labels for hidden fat, types of fat and amount of fat.

Healthy proteins

- Fish, poultry, egg, low-fat dairy products
- Plant-based proteins: lentils, seeds, nuts, beans, almonds, soy, bean curd, quinoa
- Protein is needed in many vital processes, such as the repair and growth of cells.
- Your hair, skin, eyes, muscles and organs are all made of protein.
- Protein needs to be consistently replaced, i.e., consumed every single day.

Benefits of fibre in your diet:

- A fibre-rich diet protects your heart.
- It keeps your digestive tract working well.
- Can help lower your cholesterol level.
- Can improve blood glucose control.
- Helps make you feel full.
- Sources: whole grain products, fruits, vegetables, and legumes (pulse)
- Drink 8 glasses of water a day to avoid constipation!

Cut down on salt

- Avoid adding salt to your food–decrease the amount gradually.
- Be patient–weaning yourself off salt and re-educating your taste buds takes time, but it's worth the effort!
- Check food labels too as the amount of hidden salt in foods is surprisingly high.
- Experiment with new tastes in cooking. Learn to use herbs!

- Avoid packaged and processed foods (as they may contain hidden salt, fat and sugar).
- Keep your weight under control.
- Eat regular meals and keep your portion sizes reasonable!

- Be aware of the limits of moderate alcohol consumption!
- Make sure that your consumption does not exceed the limits.
- Limits of moderate consumption:
  Men: 14 units per week
  Women: 9 units per week

See unit 4.1., exercise E

A HEART-HEALTHY DIET

D

Pairwork

Reply to a patient with coronary heart disease and give instructions on making his diet more heart-healthy.

1 What is the best way to reduce the amount of cholesterol in my diet?
2 How can I control my portion sizes?
3 I don't think I'll be able to eat fish as often as 3 times a week.
4 I often have to eat out at restaurants, which ruins my good intentions to eat more healthily.
5 Where do I get antioxidants? What do I need them for?
6 I can't possibly reduce salt in my food. Food without salt is completely tasteless.
7 What are the 'bad' fats? Which foods contain them?
8 Veggies are for rabbits.

E

Pairwork

Give advice on nutrition and better living habits to the following patients/clients:

1 A 50-year-old man, overweight, high blood pressure, works as a bus driver, salty and fatty diet, no vegetables, irregular meal times.
2 A 70-year-old woman, exercises at a gym once a week, slightly underweight, suffers from brittle bone disease.
3 A young woman, 20 years old, suffers from type 1 diabetes, is on regular insulin treatment, exercises five times a week at a gym, suffers from blood sugar swings.
4 A 32-year-old man, ice-hockey player, has had problems with his pulse (tachycardia) due to heavy training, eats mostly junk food as days are busy when practising with his team mates.
5 A 16-year-old girl, has recently become a vegetarian, would like to lose weight and suffers from slight anaemia.

PHYSICAL ACTIVITY

As a nurse, you have to encourage patients to make them understand their active role in their recovery process.

Determination is a positive factor in any recovery. As you progress, push and challenge yourself physically and mentally, within reason, to get the best results from your recovery. Accomplishments will be self-rewarding and motivating.

Rehabilitation through physiotherapy and physical activity is an essential part of the recovery and healing process. Patients need information on what they are allowed to do, i.e., how soon after the procedure they can resume their normal activities. On the other hand, they need information on what they must do in order to get better. What types of exercises do they most benefit from? Physiotherapists teach patients specific exercises to restore their mobility, to strengthen their muscles and to improve their ability to move safely and independently after an injury or illness. It's important to follow the advice given by one's doctor, nurse and physiotherapist on getting active again.

A patient's individual recovery depends on:

- the type of the surgery or treatment
- any complications they may have encountered
- their general state of health/overall health

After surgery, as soon as your doctor gives you permission, be sure to move around as much as possible. It's important to be up and about as soon as possible after the surgery as this enhances your circulation, promotes the healing of wounds and strengthens your muscles. Moving around lowers your risk of developing a blood clot. In other words, inactivity after surgery exposes you to an increased risk of developing deep vein thrombosis. Walking is a gentle way to become active after an illness or injury.

F **Pairwork**

Explain the underlined words and phrases in your own words in English.

G Pairwork

Familiarise yourself with the following physiotherapeutic cases related to deficiencies of functional capacity. Instruct the patient in English based on the Finnish hints.

CASE 1

The client is an 80-year-old woman who fell over in a nursing home six months ago. The consequences were prolonged pain in the left hip and a limited mobility. Now the client has become partially immobile due to severe pain and movement restrictions in the hip. Gradually, the client has been encouraged to get out of the bed and become independently mobile again with a wheeled walking frame.

An optimal solution to the client's problem:

- Kipuun fysikaaliset hoidot, esim. kylmä ja sähköhoidot.
- Alaraajojen lihasvoimaharjoittelua, sarjoja yksi tai enemmän, toistomäärä 10–15, kaksi kertaa viikossa. Harjoituksen intensiteetti tulisi alkuun olla kevyt. Hyviä esimerkkiharjoitteita ovat tuolilta ylösnousu ja polven ojennus.
- Tasapainoharjoitukset useilla toistomäärillä ja erilaisissa ympäristöissä. Tasapainoa voi harjoittaa kävelyllä ja kotiharjoitteilla.
- Lonkan liikkuvuusharjoitukset kivun sallimissa rajoissa. Venytyksen kesto 30–60 sekuntia, toistetaan 2–4 kertaa/lihasryhmä, venyttelyä 2–3 kertaa viikossa.

WORDS TO HELP YOU	
liikkuvuus	**mobility**
osittain	**partially**
puristaa	**clench**
puristusvoima	**grip strength**
rasitus	**strain**
olkanivel	**glenohumeral joint**
magneetti-kuvaus	**MRI = magnetic resonance imaging**
olkalisäke	**acromion**
peroneus-hermo	**peroneal nerve**
osittainen halvaus, pareesi	**paresis**
jalkaterän taipuminen	**dorsiflexion**
nilkkatuki	**ankle support/brace**
kyynärsauva	**elbow crutch**

CASE 2

The client is a construction worker in his 50's who was diagnosed with lateral epicondylitis (tennis elbow). He suffers from pain that is located in the outer side of the elbow, especially when clenching his fist with a straight elbow. Also, the grip strength of fingers has declined and extending the elbow causes pain, which occurs in minor strain, e.g. when lifting a coffee cup. The client is right-handed and needs both hands at work.

An optimal solution to the client's problem:

- Kivun lievittämiseksi alkuun kipua lievittäviä voiteita ja geelejä tai kipulääkettä, kuten parasetamolia. Lisäksi ranteen ja sormien lihasten harjoitteet vähentävät tenniskyynärpään kipuja.
- Kyynärvarren lihasten venyttely keskeistä fysioterapeutin ohjeiden mukaisesti.
- Työtehtävät määriteltävä siten, että asiakas tekee mahdollisimman vähän sellaisia asioita työpaikalla, joissa kyynärpäässä tuntuu kipua. Aluksi tällaisia työtehtäviä on hyvä välttää kokonaan (1–2 viikkoa), mutta vähitellen rasitusta voi lisätä kivun rajoissa. Oireet eivät saa pahentua.

CASE 3

The client is a woman, 46 years old, with a long history of shoulder problems. She first suffered from arthritis in the right shoulder, which was treated by medication and physiotherapy. Now also the left glenohumeral joint has begun to show symptoms: pain at rest and on movement, aching, tingling of fingers, restriction of movement and muscle weakness. MRI indicates tightness in the acromion. The client works as nurse in an inpatient ward and is currently on a sick leave.

An optimal solution to the client's problem:

- Kivunhoitoon kylmähoitoa noin 3 tunnin välein, 15–20 min kerrallaan sekä tulehduskipulääkkeet kuuriluontoisesti.
- Hartiarengas voidaan teipata ja tämä muistuttaa asiakasta lapaluun ja olkanivelen paremmasta asennosta. Lisäksi asiakkaalle ohjataan olkapäiden taakse vienti. Liike toistetaan 10 kertaa, 1–3 sarjaa.
- Olkanivelen liikkuvuuden ylläpysymiseksi ohjataan olkavarren heiluriliike. Siinä yläraajan annetaan tehdä pientä pyörivää liikettä ylävartalo etukumarassa kymmeniä toistoja.

CASE 4

The client is a 64-year-old man who suffered a partial paralysis of peroneal nerve in his right lower limb. In the right ankle there is sensory loss and muscle weakness so that the dorsiflexion of the right ankle has declined. He also experiences strong pain in the right lower limb and therefore needs ankle support/brace as well as elbow crutches for independent and safe mobility.

An optimal solution to the client's problem:

- On tärkeää opettaa asiakkaalle sujuva ja mahdollisimman normaali kävelytekniikka kyynärsauvoilla turvallisen liikkumisen varmistamiseksi. Ensin eteen siirretään sauvat ja kipeä jalka, sitten terve jalkaa astuu ohi.
- Mikäli tämä tuntuu epävarmalta, voidaan sauvat viedä ennen kipeää jalkaa eteen, jolloin tukea on mahdollisimman paljon. Askelpituutta tulisi pyrkiä pitämään molemmilla jaloilla samana, ja välttää ontumista.
- Portaissa tulisi kulkea ylöspäin terve jalka ensimmäisenä, sauvat ja kipeä jalka seuraavana. Edetään porras kerrallaan. Alaspäin mennään kepit ja kipeä jalka edellä, terve astuu seuraavana. Tällöinkin edetään porras kerrallaan.
- Kivunhoitoon suositellaan sähköhoitoa paikallisesti, kylmä- ja lämpöhoidot eivät ole turvallisia tuntopuutosten takia.

H Combine the procedure with the appropriate recovery exercises.

Procedures:

carpal tunnel syndrome surgery	rannekanavaoireyhtymän korjausleikkaus
ACL-surgery	eturistisiderepeämän korjausleikkaus
varicose vein surgery	suonikohjuleikkaus
inguinal hernia surgery	nivustyräleikkaus
bariatric surgery	mahalaukun ohitusleikkaus
herniated (slipped) disc surgery	välilevyn pullistuman leikkaus
open heart surgery	sydänleikkaus
cataract surgery	kaihileikkaus

1 Walking is the best exercise because it promotes the blood flow in the legs. Low-impact activities, such as walking on a treadmill or cycling, are good for your healing process.

Procedure _____

2 Start walking for 20–30 minutes per day as soon as you get home. Begin with a slow pace and gradually increase the speed as your endurance improves. To begin with, it's best to go for a 10 minute stroll in the morning, in the afternoon and in the evening instead of doing it all at once. If walking hurts your knees, try using an exercise bicycle.

Procedure _____

3 To prevent future problems with your back, maintain a healthy weight. Use proper lifting techniques. Strong abdominal and back muscles support your spine so make sure you exercise them regularly.

Procedure _____

4 You will be needing elbow crutches for about 1–2 weeks. No weight bearing is allowed on the affected knee in the initial phase of the recovery. Your main goal will be to reduce pain and inflammation and to regain knee extension and flexion. Subsequently, the goal is to increase the range of motion and gradually start bearing weight on the knee.

Procedure _____

5 It will take about 6–8 weeks for your sternum to heal. You may do light household chores. Do NOT do any activities where your arms are above shoulder level for a long time. Do not do any activities that cause pain. During the first month it is important to move about at a slow pace for 10–30 minutes at a time a few times a day.

Procedure _____

6 It might be tempting to get back to your daily routines once your vision clears, but it is important that your body rests properly so your eyes can heal. Take things slowly since impaired (blurred) vision exposes you at higher risk for dropping objects or bumping into things. Follow your doctor's orders on when it is safe to exercise again after your surgery.

Procedure _____

7 Your groin will feel sore and uncomfortable after the operation. Return to your normal activities as soon as you can do them without feeling any pain. Gentle walking helps the healing process but avoid heavy lifting and strenuous activities for about four to six weeks.

Procedure _____

8 Do not bend or twist your wrists. When working on the computer, remember to take sufficient rest breaks. Raising your arm may help decrease the pain. You may need to see a physiotherapist to teach you exercises that help improve strength and increase function. An occupational therapist can show you how to use special tools to help you with daily activities. You may also learn to adapt a more ergonomic approach. The duration of sick leave depends on, e.g., whether the surgery was on your dominant hand.

Procedure _____

Walking with elbow crutches

How to walk safely with elbow crutches

- Imagine that the crutches are an extension of your injured leg.
- Adjust the crutches to your height.
- Your physiotherapist will tell you how much weight you can place on your injured leg.
- Wear supportive shoes and avoid wet surfaces. Remove rugs to prevent slipping and tripping.
- When walking with crutches, always look forward! Don't look down at your feet.

WALKING ON LEVEL GROUND:

Non-weight-bearing walking (keeping your injured foot off the ground)

- Place the crutches a normal step-size ahead of your body, level with each other.
- Keep your injured leg bent when walking.
- Move your body forward between the crutches, supporting your body weight through your hands and the healthy leg.
- The crutches and your arms will do the work for your injured leg while you're unable to put any weight on it.

Partial weight-bearing (you can put some weight on your affected leg)

- First move the crutches forward and then bring the injured leg (gently) between the crutches. While doing that, your weight is on your arms and the crutches.
- Take a step with your healthy leg.

NOTE!

Toe-touch weight-bearing: the tips of your toes can touch the floor, but you mustn't put any weight on them.

STAIRS:
'Up with the good, down with the bad!'

Going up the stairs (partial weight-bearing)

- Bring yourself close to the bottom of the first step.
- Take a good grip on the handles of the crutches.
- Place the healthy leg on the first step of the stair.
- Place your weight on the healthy leg and then bring up your injured leg and the crutches.
- Remember:
  the healthy leg – the injured leg – the crutches – repeat.

Going downstairs:

- Take a good grip on the handles of the crutches.
- Place the crutches down on the first step, then the injured leg.
- Bring the healthy leg down to join them.
- Remember:
  the crutches – the injured leg – the healthy leg–repeat.

REST

Listening comprehension

Listen to the text and fill in the blanks.

Rest is an important part of your 1 _____ (*toipuminen*). As important as it is to become active again and 2 _____ (*lähteä liikkeelle*), it is important that you know your limits and have 3 _____ (*riittävä*) rest. It's normal to feel very tired after a major operation and 4 _____ (*anestesia, nukutus*).

Do not underestimate the significance of rest and sleep in recovery and healing. Be a patient patient and listen to your body. Early mobilisation and early activity is important, but you can 5 _____ (*pahentaa*) the condition or even re-injure yourself by doing too much too soon.

If your doctor tells you not to lift anything heavier than a milk carton for the first weeks after a surgery, there is a good reason behind it. Follow the 6 _____ (*ohjeet*) given to you, even if they may sound simple. A seemingly simple exercise may be 7 _____ (*hyödyllinen, hyväksi*) for you in the long run.

8 _____ (*ylirasittaa*) yourself will do harm and lead to 9 _____ (*takaiskut*), which in turn will lead to further problems and slow down your healing process. For example, the pain may become 10 _____ (*krooninen*), and it can 11 _____ (*vaikeuttaa*) your condition. Follow your health care provider's advice in this too!

Discuss with your doctor how you can be active without 12 _____ (*rasittaa*) the affected body part. Be creative and find alternative activities for the 13 _____ (*paranemisen ajaksi*) of your healing. It's about balancing gentle 14 _____ (*liikunta*) and sufficient rest. Discuss with your doctor about when you can return to more 15 _____ (*rasittava*) activities.

J **Pairwork**

React to the patients' concerns.

1 How do I know how much rest is enough?
2 I'm afraid of getting out of shape and losing muscle if I just lie in bed and do nothing.
3 How can I rest a body part that I need to use every day?
4 I feel fatigued all the time, and it doesn't seem to get better with any amount of rest. How am I ever going to get started with rehabilitation?

SLEEP

It affects persons wellbeing along with good nutrition and appropriate exercise. If one is recuperating from an illness, an injury, or a surgery, it has a huge effect on recovery. Sleep is the best medicine, it is said, but when you're unwell or injured, the health problem itself often negatively affects the quality of your sleep.

Your sleep can be disturbed by pain.

The sleeping posture required by your condition may make it difficult for you to sleep.

Skin integrity is paramount in post-operative care. You should change position frequently to prevent pressure sores from developing. This also is likely to affect your sleep.

You may have to sleep with your limb elevated to help bring down the swelling caused by a trauma.

The side-effects of medications can interfere with your sleep. You may have increased urine frequency, and some drugs can cause nausea or stomach upsets, too.

Your fears and worries may keep you awake. Who will be driving the children to school? Inability to drive can cause problems in your daily life. Financial worries are often at the top of the list. How will the bills be paid now?

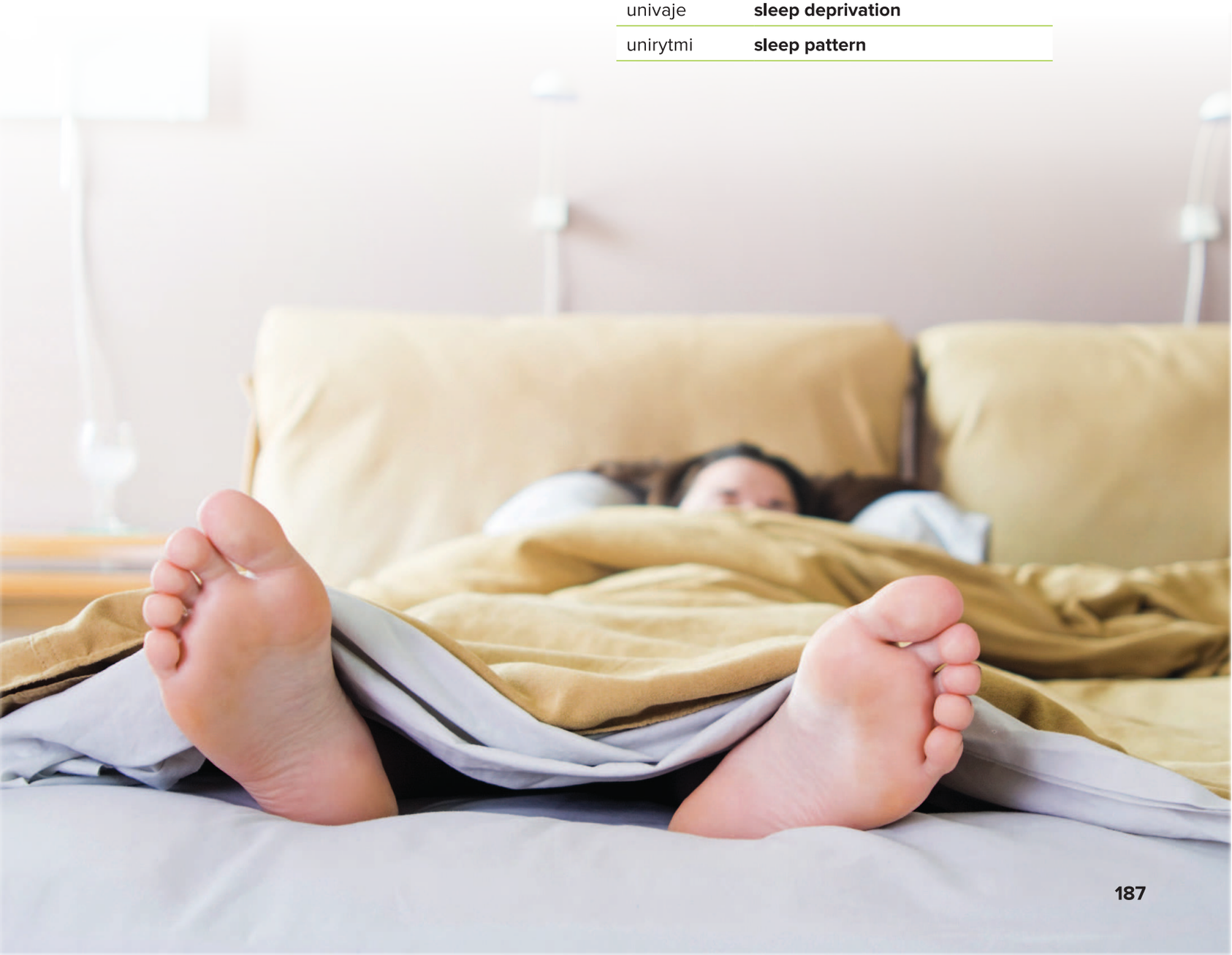
If you're in hospital, the strange environment, uncomfortable bed, nightly noises and other patients may disturb your sleep.

K Pairwork

Reflect on the following questions.

1 How can you, as a nurse, help patients get a good night's sleep while in hospital?
2 What's the significance of sleep on wellbeing and health in general?
3 How about your own sleeping habits? How many hours per night do you sleep?
4 Have you ever suffered from sleeplessness/insomnia?
5 What can you do at home to try to guarantee a good night's sleep?

RELATED TERMINOLOGY	
unettomuus	**insomnia, sleeplessness**
unilääkkeet	**sleeping pills, sleeping medicine**
nukahtaa	**to fall asleep**
unihäiriö	**sleep disorder**
univaje	**sleep deprivation**
unirytmi	**sleep pattern**



COPING AND EMOTIONAL HEALTH

Receiving and living with a diagnosis

Receiving a severe diagnosis is a traumatic experience and is likely to evoke a whole range of unexpected feelings and reactions. It can feel overwhelming having to adjust to the new reality of appointments, procedures and tests when part of you wants to retreat to the time when everything was still fine. It's not unusual that you accept the situation one day and deny it on another. Ironically, you're suddenly taken on this scary rollercoaster ride into the bewildering future without anyone asking your permission.

For some people, the diagnosis may be a second or third, and they may feel that they've had their fair share of bad news already. For some people, a diagnosis may bring mixed feelings of relief and shock and the dreaded explanation for unexplained symptoms that may have lasted for a long time.

Be gentle on yourself

You may find consolation in knowing that anger, devastation, vulnerability and the myriad of other feelings you're experiencing are normal and that they, too, will pass in due course. The sharpest edges of the grief will eventually soften. Life will never be the same again, but it is still precious. Don't make the actual situation worse by dwelling on guilt and self-blame or thinking that you're a bad person.

Confronting the situation

Making an effort to face the new situation head on is the first step to coping. Be proud of every step and keep moving on little by little. However hopeless the scenario may feel, accepting the things that you have no control over is something you should try to pursue.

Taking action

Although you may feel that you have temporarily lost control of your own life, do not let it stop you from taking action. It is possible to create 'a new normal' for you and your family despite the illness.

Focus on the elements of your life that you still have control over. You can choose to eat healthily, drink enough water and take your medications as prescribed. Make it your priority to rest and sleep sufficiently. Be with people who are supportive and do not expose yourself to people who upset or drain you.

Seeking information

When adjusting to the diagnosis, it may relieve confusion to educate yourself about the condition. Some people feel better when they know about their condition and understand how it is going to affect their life. Knowing what to expect is one way of feeling in control.

There is a lot of information available: publications, websites and online video resources. Do not overwhelm yourself with too much information though.

Be patient

Give yourself time to digest the information. Write down a list of questions you want to discuss with your doctor and the medical team. Maybe you can have a family member or another support person join you when seeing your doctor. The amount of information given may be overwhelming, and you won't be able to take it all in at once.

Minimise stress and build a network of family and friends

More than ever, it's important that you prioritise. Optimising your health and wellbeing are the most important things. Let go of unnecessary responsibilities. Be outspoken about what you need and learn to ask for help. In the acute phase of an illness or just after hospitalisation, you may need someone to drive you to doctor's appointments and to take care of household chores, grocery shopping and other day-to-day tasks. There are people who are willing to provide concrete help, they just may not know how to approach you.

Professional help

You may want to consider seeking professional help to discuss the emotional burden of your physical illness. Do not underestimate the emotional impact of your condition–physical illness almost invariably takes its toll, also affecting those close to you. Sharing the distress, anxiety and fears with the doctor or a psychologist is part of your coping. You may be entitled to counselling as part of your care–ask your doctor or nurse about this.

You know what works for you

Some people may benefit from sharing views with others with a similar health problem and life situation. You may want to get in touch with local and national support groups or join online forums. How to come to terms with a severe diagnosis is, however, a very personal matter. You decide with whom you want to share, when to share and how much to share.

Some people find the resources needed to cope with a difficult life situation within themselves. They adapt their personal ways of coping, such as meditation, spirituality or faith. Do whatever brings you relief, takes your mind off problems and relaxes you. The main thing is to live a meaningful life despite the challenges you're faced with.

Pairwork

Compose questions based on the text above. Share your questions with other students in the group and answer the questions they have composed.

For example:

> Living with an illness and recovering from one may cause additional worries and reasons for stress. In addition to the above mentioned, what coping strategies are there?

M **Group work**

Read Mikko's and Milsse's stories. What kind of difficulties have they faced and how have they coped with them? Have you or has someone that you know been affected by a serious life-changing illness? Think about the coping and other issues that this condition brought with it. Share your views with other students, if you like.

Milsse's story

In autumn 2010 when I was 34 years old and breastfeeding my almost 2-year-old son, I found a small lump in my breast. I first thought it was a plugged milk duct, as it seemed to appear and disappear. However, I consulted my nurse at the mother and child clinic and she advised me to make an appointment to see a doctor. The doctor confirmed my suspicion of there being something abnormal in the breast. I was given referrals to mammography and ultrasound scan. These examinations were followed by a fine-needle biopsy. After the tests, I came back home, not thinking that there might be anything serious.

A few days later I received a call from the central hospital on whether I could come to see a doctor on Tuesday on the following week. When the day came, I remember sitting in the waiting room wondering why the nurse had such a pitying look on her face when she saw me. Maybe she just had a bad day, I thought. The whole thing dawned on me when I was finally in the doctor's room receiving the news: "Hi, you have cancer. The operation will take place on the day after tomorrow." I was shocked. The doctor realised that I had no idea about what was going on. The referring doctor hadn't explained a thing to me about my condition.

Suddenly everything happened really fast. First I texted to my husband "I have cancer". After that a battery of blood tests were taken and preparations for the surgery began. The scariest part for me was the fact that I had to undergo the surgery – it was scarier than the cancer itself. On Thursday 11th November I felt terrified when we went to the hospital with my husband. However, the surgery went fine even though I needed three bags of extra blood. When my husband called the recovery room, I was so fatigued and unwell that I didn't have the energy to hold the phone, let alone talk.

As soon as I had been transferred to the inpatient ward, a nurse visited me saying that I would get a breast reconstruction the soonest possible. A new breast, however, was not my biggest concern. What I wanted was to regain my health as soon as possible. I met my surgeon and she told me that they had been able to perform the mastectomy without axillary clearance. My right breast had been removed, but the cancer hadn't spread beyond the breast area to the lymph nodes. I was able to go home on Saturday, two days after the operation.

Coming home was great and lousy at the same time. I was in pain and couldn't hold my little son in my arms. He was crying after his mum every night, but I had to sleep in a different room and was not able to breastfeed him anymore. After one week I got rid of the drain and my recovery really got started off smoothly. I was back in my job giving Zumba lessons just four weeks after the surgery. I had been re-scheduled for another surgery just before the New Year, and that also went well.

I had always been following a healthy diet, but now I was eager to find out what more I could do for my health. I became more and more interested in the role of healthy nutrition in healing and preventing cancer. I decided to change my diet dramatically. That meant removing all dairy products from the diet, except goat cheese, butter, and cottage cheese. I also excluded sugar, meat, and cereals, such as rye, barley, and wheat. I increased the amount of seeds and nuts, fatty fish, berries and vegetables in my diet. I also consumed a lot of green powders, and good fats like butter, extra virgin coconut oil, flaxseed oil, and olive oil. I checked all the vitamins and minerals carefully and made sure I consumed plenty of them.

During the first five years I underwent mammography and ultrasound scan every 12 months and had blood tests taken every 6 months. Now I have all the above check-ups every 12 months. At every appointment the doctors wonder how I can manage without a breast. On the first post-operative day the nurse had come to see me, comforting that I will receive "a soft breast" as soon as possible so that I wouldn't have to feel incomplete. I had been offered an appointment to see a plastic surgeon to hear about breast reconstruction. But the thing is, I chose to be without a breast because I can. It doesn't bother me, so it shouldn't bother anyone else. Some people have a thumb missing, some are colour-blind, some have diabetes – I have one breast!

You are beautiful just as you are. I'm really proud to be a model in Monokini 2.0 project. It has made me even more comfortable with myself and I can feel beautiful without the missing tit. I encourage everybody to believe in and trust themselves and to be proud of who they are. You have the privilege of and the responsibility for your body and yourself.

"Monokini 2.0 is an art project that takes a stand on western commercial culture's narrow idea of women's ideal appearance and strives to expand the idea of what is considered to be beautiful in the female body. The project emphasizes that beauty lies in one's confidence and community's acceptance rather than in "the perfect body". Swimwear collection is designed by a group of Finnish fashion designers and modeled by women who have gone through breast cancer. The creative leaders of Monokini 2.0 are artists Katriina Haikala and Vilma Metteri (art duo Tärähtäneet ämmät / Shaken-not-blurred). The original idea is by Elina Halttunen, the woman with one tit."

Mikko's story

I was a sporty eight-year-old, full of zest and with a constant smile on my face, when I was diagnosed with type 1 diabetes. Back in the 1980s, it meant a three-week hospitalisation with the first days in isolation. Diabetes was to change my life permanently, but it never quenched my passion for life or for the activities I loved. Learning to handle the care routines independently gave increased freedom to a young boy. There simply was no time to start a pity party. I was surrounded by an army of great friends, had taken up competitive sports and played tennis all over in Finland. Not even the insulin shock I once suffered could slow me down.

My first severe setback was an angry stomach flu followed by dangerously elevated ketones. I was rushed to hospital by ambulance but went into a coma and needed intensive care for four days. My whole system failed, and I lost 10 kilos. In less than a week, however, I was discharged and soon back on track again.

It wasn't until I had two seemingly unexpected insulin shocks without any pre-warning signs that I became discouraged and changed my attitude from easygoing to overcautious. I started to keep my blood sugar readings high on purpose for fear of hypos and was sparing with insulin. Whenever the blood glucose started declining, I would quickly correct it by eating masses of carbs.

As a teenager, I was a bit of a rebel. Probably restlessness and lack of concentration were not manifestations of my puberty alone but an outcome of my bouncing blood sugar. The extreme ups and downs were typical of my blood glucose variation throughout my diabetic life.

In my twenties, I started developing foot problems and to my disappointment had to do less sports. I began coaching youngsters and working in the educational field. More complications followed. Due to a severe infection, my right heel had to be operated on. The risk of amputation was looming, but thanks to strong blood circulation together with eight months of rehabilitation, I was eventually back on my feet, coaching a team as before.

I had also started developing signs of retinopathy and undergone laser treatment for that. Despite the treatment, I lost eyesight in my right eye after a major

bleeding. Retinopathy had taken over, and an eye surgery was scheduled. Although the eyesight returned to some extent, I knew I had to give up sports for good. I also had to give up my driver's license. Reading, travelling and finding my way in the dark or in new places became a challenge. Kidney failure was diagnosed, and I was on substantial medication for my hypertension. There was another period in ICU because of severe dehydration complicated by hospital-acquired pneumonia. The visual impairment gradually deteriorated to 100%.

In between all my struggles, I had found a new fascinating hobby. I had got interested in photography and had a rising awareness of how visually impaired people perceive the world. I had decided to live as normally as possible and had got used to living with poor eyesight. I had grabbed my camera and taken off to rock festivals, capturing the atmosphere at gigs–bands both on stage and backstage. Festarit Omin Silmin (published in 2011) presents the effect of visual disability in my life through photographs and poems. I had also started giving lectures on coping with health challenges. More festivals and bigger plans followed: setting up a photography exhibition in my home town Savonlinna was my new mission.

The kidney failure exhausted me, and I needed a lot of rest. It was becoming evident that it would lead to dialysis and eventually organ transplant. The foot problems recurred and another heel surgery was required. The rehabilitation took half a year. While living in Spain for a period of time, my left eye got worse: bleeding and blurred vision caused by retinopathy. Back in Finland I underwent a successful eye surgery where they were able to prevent the eyes from deteriorating further.

The plans to start dialysis and prepare for kidney transplant surgery had been started when I was 36 years old. The next year tests were started to find out whether I was a potential receiver of a pancreas as well. After a year of tests and examinations, the results showed that I could receive both kidney and pancreas. I was really fatigued and in such a bad shape that a severe cold could've been fatal.

Although I was physically struggling, I always kept myself as busy as I possibly could, travelled and photographed. The fact that I never gave up although my health kept deteriorating was significant to my everyday coping. I was preparing my exhibition, started home dialysis, performed it at night and was finally placed in the queue for an organ transplant surgery at the age of 38 in January 2016. The decision to consent to the surgery had a profound effect on me and my family. It involved facing the risks and also preparing for the worst.

In early 2016 I was on alert at home should the hospital find a compatible donor for me. I had been told that the normal waiting time is usually a year. My social life was almost zero. The visits to the hospital for blood tests were almost the only social events outside home. Luckily, there was social media. My physical health was poor. Mere eating was a struggle due to nausea and general malaise.

Finally, on the very day of the opening of my photography exhibition, I got a phone call from Meilahti hospital saying that a compatible kidney and pancreas had been found, and I needed to be in hospital in 4 hours. It was time for tears of happiness. I had been waiting for this phone call and visualised it in my mind for so long. In the taxi to Helsinki, I ran practical errands and did last minute arrangements relating to the exhibition.

When preparing for the surgery, I met my family in the hospital. On the morning of 6th March 2016, I was transferred to the operation room for my organ transplant surgery, and at 2 in the afternoon, I woke up in the intensive care unit. The surgery had succeeded perfectly, and now I had a new, faultlessly functioning kidney and a pancreas. I was full of ideas and plans for the future right away.

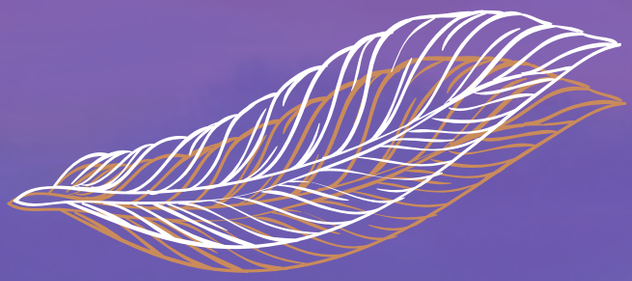
On the first postoperative day, I took it easy and rested. Moving was almost impossible with catheters and tubes. For two days, I did nothing. After that, I gave phone interviews and was visited by medical students and a lot of other people. In the meantime, my exhibition had started successfully in Savonlinna.

My rehabilitation started, and soon I was walking around in the hospital. I was discharged after 2.5 weeks, and my everyday life at home started. I gradually resumed my normal activities alongside rehabilitation and post-operative check-ups. The fact that I lived without diabetes for the first time in thirty years felt odd and needed adjusting to and reflecting upon. Diabetes didn't regulate my life anymore. I felt better than I had for ten years. Little by little, I began to trust my 'spare parts' that kept functioning reliably.

A lot of things, even luck, have contributed to who I am. My family and friends have always supported me in all my efforts and endeavours. It has encouraged me and given me faith for the future. My own attitude plays a huge role. I've always been able to think positively, even in my weakest moments.

Another important factor is that I have been able to rest, take good care of my health and listen to myself when needed. I have been fully aware that recovering from a major surgery like this is easier when you're physically and mentally well. I have no children to look after so I've been able to focus on myself fully. Recuperating has been time consuming. During the two years preceding my organ transplant surgery, I went to hospital for various tests some 150 times.

Now my life is in balance, and I enjoy good health. My rehabilitation is still in process and going smoothly. Various projects and lectures keep me busy part time. In my lectures, I openly share my experiences with difficulties and painful events. I'm appreciative and grateful for all of this. Every day is worth celebrating. Every day is a gift. I'm happy on this journey of mine. At the end of the day, it's your own attitude towards life that counts.



Appendices

Useful Online References in Health Care

Instructing Patients

Describing Patients' Symptoms

Anatomy

Word Formation – Prefixes and Suffixes

Appendices

Useful Online References in Health Care

Finland

- Käypä hoito -suositukset (Duodecim)
  – Current Care Guidelines by The Finnish Medical Society Duodecim and Duodecim Medical Publications Ltd.
- Terveyden ja hyvinvoinnin laitos
  – National Institute for Health and Welfare
- UKK-instituutti
  – UKK-institute – Expertise in the Promotion of Health-enhancing Physical activity
  – See for example: Physical Activity Pie & Physical Activity Prescription (PAP)
- Kansaneläkelaitos (KELA)
  – The Social Insurance Institution of Finland
- Valtion ravitsemusneuvottelukunta (VRN)
  – National Nutrition Council
- A-klinikkasäätiö
  – A-clinic Foundation
- Valvira National Supervisory Authority for Welfare and Health

United Kingdom

- The National Health Service (NHS)

United States

- PubMed
  (US National Library of Medicine, National Institutes of Health)
- ODPHP
  (Office of Disease Prevention and Health Promotion)

World Health Organization (WHO)

Instructing patients

	A		B
1	**Lääke pitää ottaa 8 tunnin välein runsaan veden kanssa.**	1	You must take the medicine every 8 hours with plenty of water.
2	I'll take your blood pressure.	2	**Mittaan verenpaineenne.**
3	**Verenpaineenne on 135/75.**	3	Your blood pressure is 135 over 75.
4	Roll up your sleeve, please. I'll give you an injection.	4	**Kääri hiha ylös, annan pistoksen.**
5	**Et saa syödä etkä juoda mitään 6 tuntiin ennen verikoetta. Tilkan vettä voi juoda janoon.**	5	You must not (mustn't) eat or drink anything for 6 hours before the blood test. You can have a sip of water if you're thirsty.
6	You can undress behind the screen. Undress to your waist, please.	6	**Voit riisuutua sermin takana.** **Riisu yläruumis paljaaksi.**
7	**Mittaan teiltä kuumeen.**	7	I'll take your temperature.
8	You must go to the laboratory for a blood test.	8	**Teidän on mentävä laboratorioon verikokeeseen.**
9	**Lääkärinkierto alkaa puoli yhdeltätoista**	9	Doctor's round will start at half past ten. (also: Ward round, Bedside round)
10	Do you feel sick? Do you feel dizzy?	10	**Voitko huonosti?** **Huimaako sinua?**
11	**Oletko oksentanut?**	11	Have you vomited? Have you thrown up?
12	Have you been vaccinated against tetanus/chickenpox/hepatitis A?	12	**Oletko saanut jäykkäkouristus/vesirokko/A-hepatiittirokotteen?**
13	**Hengittäkää ulos.**	13	Breathe out, please. (Exhale)
14	Are you in pain/agony? Do you have pains?	14	**Onko teillä kipuja?**
15	**Haluatko kipulääkeen?**	15	Do you want a painkiller?
16	What's the pain like?	16	**Millaista kipu on?**
17	**Milloin kipu alkoi?**	17	When did the pain start?
18	Have you taken any medication today?	18	**Oletko ottanut tänään mitään lääkettä?**

19	**Onko teillä säännöllinen lääkitys?**	19	Are you on regular medication?
20	How many units of insulin did you inject this morning?	20	**Kuinka monta yksikköä insuliinia pistit tänä aamuna?**
21	**Mikä on verensokerisi yleensä ennen aterioita?**	21	What's your blood glucose level usually before meals?
22	You can discuss your procedure with your named nurse/ primary nurse/assigned nurse.	22	**Voit puhua toimenpiteestäsi omahoitajasi kanssa.**
23	**Ennen toimenpidettä sinua pyydetään allekirjoittamaan suostumuslomake.**	23	Before the procedure you'll be asked to sign a consent.
24	All your information is confidential.	24	**Kaikki tietonne ovat luottamuksellisia.**
25	**paikallispuudutus** **nukutus** **sedaatio**	25	local anaesthesia general anaesthesia [ænɪs'θi:zɪə] sedation [sɪ'deɪʃən]
26	The procedure will be performed/ carried out under general anaesthesia.	26	**Toimenpide suoritetaan nukutuksessa.**
27	**Leikkauksen jälkeen saatat olla huonovointinen**	27	After the operation you may feel nauseous.
28	From the operation theatre you will be taken to recovery.	28	**Leikkaussalista sinut viedään heräämöön.**
29	**Pääset kotiin sairaalasta samana päivänä, mutta et voi itse ajaa autoa. Sinulla pitää olla saattaja.**	29	You can go home from hospital on the same day, but you can't drive yourself. You must have a companion to take you home.
30	Contact your doctor (GP) if you have any of the following problems after the operation: increasing pain redness swelling discharge bleeding constipation for more than 3 days difficulty in passing urine high temperature (over 38) chills nausea vomiting	30	**Ota yhteyttä lääkäriin, jos sinulla on seuraavia ongelmia leikkauksen jälkeen:** lisääntyvä kipu punoitus turvotus vuotoa verenvuotoa ummetusta yli 3 päivää virtsaamisvaikeuksia korkea lämpo (yli 38) vilunväristyksiä pahoinvointia oksentelua

Describing Patients' Symptoms

Alert	valpas, reipas, pirteä
Blister	rakkula
Blood, bleeding, to bleed	veri, verenvuoto, vuotaa verta
Blood pressure (BP)	verenpaine
elevated blood pressure/ low blood pressure (BP)	*kohonnut/matala verenpaine*
"Your blood pressure is 140/90." (= "one hundred and fourty over ninety")	
a hypertensive/hypotensive patient	*potilas, jolla korkea/matala verenpaine*
Blurred vision	sumentunut katse
Body temperature	lämpö
The body temperature is soaring	
The patient's body temperature had risen to 38.8°c.	
Intermittent fever: the body temperature rises, then falls, then rises again.	
Body temperature above 38.5°c or below 36°c.	
Bruise	mustelma
"How did you bruise your arm?"	
Convulsion	kouristus
a fit of convulsion	kouristuskohtaus
Consciousness	tietoisuus, tajunta
loss of consciousness	*tajunnanmenetys*
unconscious	*tajuton*
to lose consciousness	*menettää tajuntansa*
to regain consciousness	*palata tajuihinsa*
Confused	sekava, hämmentynyt
Constipation	ummetus
a constipated patient	*potilas, jolla on ummetusta*
Cyanosis	sinerrys
Dehydrated	nestehukasta kärsivä
Diarrhoea	ripuli
Dilation of the pupils	pupillien laajeneminen
Dizziness	huimaus
to feel dizzy	*huimata*
Drawn	kuihtunut, riutunut
Drowsiness	uneliaisuus
drowsy	*unelias*
Eczema	ekseema, ihottuma
Fever	kuume
feverish/febrile	*kuumeinen*
Flushed	punoittava

Frail	hauras, heikko, voimaton
Gastric regurgitation	mahanesteiden takaisinvirtaus
Giddiness	huimaus
Incoherence *incoherent*	sekavuus *sekava*
Lucid *The patient, now conscious, was drowsy, but lucid.*	selvä, selkeä
Malaise	yleinen huonovointisuus, huono olo, (epämääräinen) pahanolontunne
Mottled/patchy skin	laikullinen, täplikäs iho
Nausea	pahoinvointi, kuvotus
Nauseous	pahoinvoiva
Numbness	turtumus, puutumus, tunnottomuus
Oedema	ödeema, vesipöhö, turvotus
Pale	kalpea
Pallor	kalpeus, kalvakkuus
Pulse *weak/rapid pulse*	pulssi *heikko/nopea pulssi*
Rash	ihottuma
Slurred speech	sammaltava puhe
Swallowing *difficulties in swallowing*	nieleminen *nielemisvaikeudet*
Spot	pilkku, läikkä, näppylä
Stable *His condition is stable.*	vakaa
Sweating, perspiration *cold sweat* *clammy skin*	hikoilu *kylmä hiki* *nihkeä iho*
Swelling *swollen*	turvotus *turvonnut*
(to) throw up, vomit	oksentaa
Tingling sensation	kihelmöivä, pistelevä tunne
Thirst *thirsty*	jano *janoinen*
Vomiting	oksentaminen

Symptoms

A	B
Alert	**Pirteä, valpas**
Rakkula	Blister
Blurred vision	**Sumentunut katse**
Hengitysvaikeudet	Breathing difficulties
Breathlessness	**Hengästyneisyys**
Hengenahdistus	Shortness of breath
Bruise	**Mustelma**
Kouristus	Convulsion
Loss of consciousness	**Tajunnanmenetys**
Tajuton	Unconscious
To lose consciousness	**Menettää tajuntansa**
Palata tajuihinsa	To regain consciousness
Confused	**Sekava, hämmentynyt**
Ummetus	Constipation
Dehydration	**Dehydraatio, kuivuminen**
Ripuli	Diarrhoea
Dizziness	**Huimaus**
Tuntea huimausta	To feel dizzy
Eczema/Rash	**Ekseema/Ihottuma**
Mahanesteiden takaisinvirtaus	Gastric regurgitation
Mottled/Patchy skin	**Laikullinen/täplikäs iho**
Pahoinvointi, kuvotus	Nausea
Vomiting	**Oksentaminen**
Puutumus, tunnottomuus	Numbness
Pale	**Kalpea**

A	B
Kalpeus, kalvakkuus	Pallor
Slurred speech	**Sammaltava puhe**
Nielemisvaikeudet	Swallowing difficulties
Stable *His condition is stable.*	**Vakaa** *Hänen tilansa on vakaa.*
Kylmä hiki	Cold sweat
Clammy skin	**Nihkeä iho**
Hikoilu	Sweating
Chest discomfort/ chest pain	**Rintakipu**
Puristava tunne rinnassa	Chest tightness/ Chest pressure
Swelling	**Turvotus**
Turvonnut	Swollen
Temperature/Fever	**Lämpo/Kuume**
Sahaava kuume	Intermittent fever
Body temperature is soaring.	***Kuume nousee.***
Käsien tärinä	Trembling of hands/ Hand tremor
Weight loss	**Laihtuminen**
Epäsäännölliset kuukautiset	Irregular periods
Frequent bowel movements	**Vilkastunut suolen toiminta**
Rytmihäiriöt	Irregular heartbeats, Arrhythmia
Palpitations	**Sydämentykytykset**
Uupumus	Exhaustion/ Tiredness/Fatigue
Atrial fibrillation	**Eteisvärinä**
Tihentynyt virtsaaminen	Frequent urination

Anatomy

The trunk	Vartalo
abdomen	vatsa
back	selkä
bottom	takamus
breast	rinta, povi
buttocks	pakarat
chest, thorax	rinta, rintakehä
groin	nivunen
hip	lonkka, lanne
navel	napa
shoulder	olkapää
waist	vyötärö

The head	Pää
auricle	korvalehti
cheek	poski
chin	leuka
ear	korva
earlobe	korvannipukka
eye	silmä
eyebrows	kulmakarvat
eyelashes	silmäripset
eyelid	silmäluomi
face	kasvot
forehead	otsa
gum	ien
lip	huuli
lower jaw	alaleuka
mouth	suu
mucous membrane	limakalvo
neck	kaula, niska
nose	nenä
nostril	sierain
temple	ohimo
throat	kurkku
upper jaw	yläleuka

Upper limb	Yläraaja
arm	käsivarsi
armpit/axilla	kainalokuoppa
back of the hand	kämmenselkä
elbow	kyynärpää
extremity	raaja
finger	sormi
fingertip	sormenpää
fist	nyrkki
forearm	kyynärvarsi
hand	käsi
index finger	etusormi
little finger	pikkusormi
middle finger	keskisormi
nail	kynsi
palm	kämmen
ring finger	nimetön
thumb	peukalo
upper arm	olkavarsi
wrist	ranne

Lower limb	Alaraaja
ankle	nilkka
arch	jalkaholvi
ball of the foot	päkiä
calf	pohje
foot, feet (pl)	jalkaterä
heel	kantapää
instep	jalkapöytä
knee	polvi
leg	sääri, jalka
shin	sääri
sole	jalkapohja
thigh	reisi
toe	varvas

Skeleton	Luuranko
backbone/spine	selkäranka
breastbone/sternum	rintalasta
collarbone	solisluu
hip bone	lonkkaluu
pelvis	lantio
rib	kylkiluu
ribcage	rintakehä
shin bone	sääriluu
shoulderblade	lapaluu
skull	pääkallo
thigh bone	reisiluu

Internal organs and organ systems — Sisäelimet ja elinjärjestelmät

CIRCULATORY SYSTEM	VERENKIERTOELIMISTÖ
artery	valtimo
capillary	hiussuoni
coronary artery	sepelvaltimo
blood vessel	verisuoni
heart	sydän
aorta	aortta
atrium	(sydämen) eteinen
ventricle	(sydämen) kammio
valve	läppä
vein	laskimo
RESPIRATORY SYSTEM	HENGITYSELIMISTÖ
diaphragm	pallea
larynx	kurkunpää
lung	keuhko
bronchus, bronchi	keuhkoputki
alveolus, alveoli	keuhkorakkula
pharynx	nielu
trachea (windpipe)	henkitorvi
upper airway	ylähengitystiet
NERVOUS SYSTEM	HERMOSTO
central nervous system	keskushermosto
brain	aivot
cerebrum	isot aivot
cerebellum	pikkuaivot
spinal cord	selkäydin
peripheral nervous system	ääreishermosto
nerve	hermo
DIGESTIVE SYSTEM	RUOANSULATUS-ELIMISTÖ
anus	peräaukko
appendix	umpilisäke
bowel	suoli
bowels	suolet, suolisto
gallbladder	sappirakko
gullet, oesophagus	ruokatorvi
intestine	suoli
intestines	suolet, suolisto
large intestine	paksusuoli
liver	maksa
pancreas	haima
rectum	peräsuoli
small intestine	ohutsuoli
stomach	mahalaukku
URINARY SYSTEM	VIRTSANERITYS-ELIMISTÖ
(urinary) bladder	virtsarakko
kidney	munuainen
ureter	virtsanjohdin
urethra	virtsaputki
ENDOCRINE SYSTEM	UMPIERITYS-JÄRJESTELMÄ
adrenal gland	lisämunuainen
hypothalamus	hypotalamus
pituitary gland	aivolisäke
thyroid gland	kilpirauhanen
MUSCULOSKELETAL SYSTEM	TUKI- JA LIIKUNTA-ELIMISTÖ
bone	luu
cartilage	rusto
connective tissue	sidekudos
joint	nivel
ligament	(nivel)side, jänne
muscle	lihas
tendon, sinew	jänne
tissue (soft, hard)	pehmytkudos, kovakudos
MALE ANATOMY	MIEHEN ANATOMIA
genitals	sukupuolielimet
penis	siitin
prostate	eturauhanen
scrotum	kivespussi
testis, testicle	kives
FEMALE ANATOMY	NAISEN ANATOMIA
fallopian tube	munanjohdin
labium, labia	häpyhuuli
ovary	munasarja
reproductive organs	synnytyselimet
uterus/womb	kohtu
vagina	emätin

Word formation – Prefixes and Suffixes

Medical terminology is basically Latin or Greek in origin. It uses components (i.e., prefixes and suffixes) to build words referring to medical conditions and procedures. It's useful to master the most common medical affixes (= prefixes and suffixes) because that helps you to understand the meaning of the word and expands your vocabulary.

Prefixes (etuliitteet) are added to the beginning of a word.

Suffixes (loppuliitteet) are added to the end of a word.

Word root (sanan vartalo) is the main meaning of the word, the form of a word without prefixes or suffixes.

Common Medical Word Roots
(the main meaning of the word)

LAYMAN TERM	MEDICAL
Artery	Arteri(o)
Blood	Haem(o)
Blood clot	Thromb(o)
Blood vessel	Angi(o), Vas(o)
Heart	Cardi(o)
Vein	Phleb(o), Ven(o)
Kidney	Nephr- , Ren-
Lung	Pulmon-
Brain	Cerebr-

Examples:

haematuria (blood in urine)	verivirtsaisuus
nephrectomy (surgical removal of kidney)	munuaisen poistoleikkaus
phlebitis (inflammation of a vein)	laskimotulehdus

Prefixes (added to the beginning of a word)

Prefixes denoting to colour:

Erythr(o) (red)	1	erythrocyte	(punasolu)
	2	erythrodermia	(punaihoisuus)
	3	erythrocythaemia	(punasolujen runsaus)
Leuk(o) (white)	4	leukocytopenia	valkosolujen niukkuus
	5	leukorrhea	valkovuoto
	6	leukocyte	valkosolu
Melan(o) (black)	7	melanoma	tummasolusyöpä
Cyan(o) (blue)	8	cyanosis	syanoosi, sinerrys

Other Common Prefixes:

A(n) (not, without)	9	asymptomatic	oireeton
	10	anaesthesia	tunnottomuus (puudutus)
	11	arrhythmia	rytmihäiriö
	12	amnesia	muistinmenetys
Co: (con, col, cor, com) (with)	13	congenital	synnynnäinen
Dis (apart, away)	14	disinfect, -ion, -ant	puhdistaa, puhdistaminen mikrobeista, desinfioida, desinfioiva aine
	15	dislocate	mennä sijoiltaan
Dys (abnormal, difficult, bad)	16	dyspepsia	ruoansulatushäiriö
	17	dysfunction	toimintahäiriö
	18	dysmaturity	puutteellinen kehitys
Hyper (above, over, in excess)	19	hyperthyroidism	kilpirauhasen liikatoiminta
	20	hypertension	korkea verenpaine
Hypo (under, below)	21	hypothyroidism	kilpirauhasen vajaatoiminta
	22	hypotension	alhainen verenpaine
Mal (bad, wrong)	23	malignant	pahanlaatuinen
	24	malformation	epämuodostuma
	25	malnourishment	huono ravitsemus
	26	malposition	virheasento
Mis (bad, wrong)	27	misdiagnosis	väärä diagnoosi
Pre, Ante (before)	28	antenatal/prenatal	syntymää edeltävä
	29	premedication	esilääkitys
Post (after)	30	postnatal	syntymän jälkeen
	31	postmortal	kuolemanjälkeinen
	32	post-mortem	ruumiinavaus
Re (again, back)	33	regain (consciousness)	palata tajuihinsa
	34	recover, recovery	toipua, toipuminen
	35	rehabilitation	kuntouttaminen
	36	reposition	sijoiltaanmenon paikalleenasettaminen

Suffixes (added to the end of a word)

Suffixes denoting to diseases or change in the body:

-algia (pain)	1	neuralgia	hermosärky
	2	arthralgia	nivelsärky
	3	myalgia	lihaskipu
-(a)emia (blood)	4	anaemia	anemia, verenvähyys
	5	polycythemia	verisolujen runsaus
	6	hypoglycaemia	matala verensokeri
	7	hyperglycemia	korkea verensokeri
-ectomy (surgical removal)	8	hysterectomy	kohdunpoisto(leikkaus)
	9	appendicectomy	umpilisäkkeen poisto(leikkaus)
	10	mastectomy	rinnanpoisto(leikkaus)
-itis (inflammation)	11	tonsillitis	nielutulehdus
	12	nephritis	munuaistulehdus
	13	meningitis	aivokalvontulehdus
	14	cystitis	virtsarakkotulehdus
	15	cheilitis	huulitulehdus
	16	lymphangitis	imusuonitulehdus
	17	tendinitis	jännetulehdus
-rrhage, (-rrhagia) (bursting forth)	18	otorrhagia	korvaverenvuoto
	19	menorrhagia	runsaat kuukautiset
	20	haemorrhage	verenvuoto
-oma (tumor, swelling)	21	haematoma	verenpurkauma, mustelma
	22	adenoma	hyvänlaatuinen rauhaskasvain
	23	lymphoma	imukudoskasvain
-pathy (disease)	24	myopathy	lihassairaus
	25	encephalopathy	aivosairaus
	26	neuropathy	ääreishermojen sairaus
	27	angiopathy	verisuonisairaus
-penia (deficiency)	28	thrombocytopenia	verihiutaleiden niukkuus
	29	sideropenia	raudanpuute
	30	leukopenia	valkosolujen niukkuus
	31	osteopenia	luukato
-cyte (cell)	32	lymphocyte	imusolu
	33	myocyte	lihassolu
	34	melanocyte	tummasolu
	35	thrombocyte	verihiutale

Practise!

Fill in the exercises below. The information given on pages 206–208 will help you to get started with, but please note that you also may have to consult a medical dictionary!

1 Choose the appropriate prefix

para (x2)	post	in	pre	mal	dis	inter

1 Kuumeen jälkeinen _____febrile
2 Ennen ovulaatiota _____ovulatory
3 Kylkiluiden välinen _____costal
4 Häiriö, vaiva _____order
5 Ruoansulatushäiriö _____digestion
6 Hoitovirhe _____practice
7 Aortan vieressä sijaitseva _____aortic
8 Kohdunkaulan viereinen _____cervical

2 Fill in

hypo (x2)	hyper	post	ante (x2)	mal

1 Kilpirauhasen vajaatoiminta _____thyroidism
2 Korkea verenpaine _____tension
3 Äitiysneuvola _____natal clinic
4 Matala verensokeri _____glycaemia
5 Äitiysvalmennus _____natal classes
6 Leikkauksenjälkeinen _____operative
7 Huono ravitsemus _____nutrition

3 Circle the correct answer.

1 A muscle cell is a
a) myorrhexis **b)** myoblast **c)** myocyte

2 Brain disease is
a) encephalopathy **b)** encephalocele **c)** encephalitis

3 Softening of the spinal cord is
a) poliomyelitis **b)** polioencephalitis **c)** myelomalacia

4 'Dactyl-'/'dactylo-' refers to
a) extremities **b)** nails **c)** fingers and toes

5 '-asthenia' at the end of a term refers to
a) development **b)** weakness **c)** excision (poisto)

4 What do the following prefixes and suffixes refer to?

1	arthr-, arthro-	_____	a) kehittyminen, tuottaminen
2	chondr-, chondro-	_____	b) sairaus
3	my-, myo-	_____	c) luu, luut
4	oste-, osteo-	_____	d) jalat
5	-itis	_____	e) raajat
6	-pathy	_____	f) kalvo, kalvot
7	-genesis	_____	g) aivot
8	cerebr-, cerebro-	_____	h) kasvain
9	encephal-, encephalo-	_____	i) luuydin
10	mening-, meningo-	_____	j) aivot
11	myel-, myelo-	_____	k) nivel
12	-oma	_____	l) rusto
13	pod-, poda-	_____	m) tulehdus
14	mel-, melo-	_____	n) lihas

5 Combine.

1	Pain on urination is...	_____	a) osteodystrophy
2	A tumour derived from cartilage is...	_____	b) neurasthenia
3	Inflammation of the skin is...	_____	c) urodynia
4	Any unspecified skin disease is called	_____	d) ostectomy
5	The study of muscles is	_____	e) neuralgia
6	Nervous exhaustion (weakness) is	_____	f) chondroma
7	Pain originating in a nerve is called	_____	g) osteitis
8	Surgical excision of a bone or part of a bone is	_____	h) mycology
9	Inflammation of a bone is	_____	i) dermatitis
10	Defective formation (growth) of bone is	_____	j) dermatosis

Vocabulary

A

A&E, accident and emergency ensiapuosasto
a.m. care aamutoimet
abdomen vatsa
abdominal vatsaan liittyvä, vatsa-
abdominal wall vatsanpeitteet
ability kyky
abnormal epänormaali, poikkeava
abruptly äkillisesti
abscess /ˈæbsɪs/ paise, ajos
absent poissaoleva, puuttuva
absently poissaolevasti
to absorb imeytyä, imeä itseensä
abuse väärinkäyttö
to accept hyväksyä
accommodation majoitus, asuminen
accumulation kerääntyminen
ache /ˈeɪk/ särky, kipu
aching /ˈeɪ.kɪŋ/ jomottava
ACL surgery eturistisiderepeämän korjausleikkaus
to acquire saada, hankkia
acromion olkalisäke
acute /əˈkjuːt/ akuutti
adaptation training sopeutumisvalmennus
adequate riittävä
adhesions kiinnikkeet
adhesive plaster /ədˈhiːsɪv/ laastari
adhesive tape teippi
to adjust /əˈdʒʌst/ säätää
adjustment säätö, muutos
adjuvant therapy /ˈadʒʊv(ə)nt ˈθɛrəpi/ liitännäishoito
to administer toimittaa, antaa, jakaa (lääke eri antotavoin)
to administer pain relief lääkitä kipulääkkeellä, antaa kivunlievitystä
administration of premedication esilääkityksen antaminen
admission sairaalaan tulo, sisäänkirjautuminen
admission interview tulohaastattelu
to admit a patient ottaa potilas sisään sairaalaan, sisäänkirjoittaa sairaalaan
to be admitted ottaa sairaalahoitoon
adolescent psychiatry nuorisopsykiatria
to adopt omaksua
adult onset diabetes aikuisiän diabetes, tyypin II diabetes
advancements edistysaskeleet
adverse effect haittavaikutus
advisable suositeltava
to advise neuvoa
to affect vaikuttaa johonkin
to be affected by, to suffer from kärsiä jostakin
afternoon handover raportti iltavuoron hoitajille
agent aine
aggravating factors pahentavat tekijät
aggravation suuttumus, ärtymys
agonising tuskallinen, ahdistava
aids apuvälineet
to aim pyrkiä, tähdätä
airborne infection ilmateitse tarttuva infektio
airway hengitystie
alcohol gel käsidesi
alcoholic alkoholisti
alcoholics anonymous, AA anonyymit alkoholistit, AA
alert valpas, virkeä
to allay lievittää, tyynnyttää
allergic to olla jollekin allerginen
to be allergic to something allerginen jollekin
to alleviate lieventää, helpottaa
to allow sallia
almond manteli
along pitkin
to alter muuttaa
alteration muutos
alternative vaihtoehto
ambulatory kulkeva, liikuteltava, jalkeilla oleminen
amniotic fluid lapsivesi
anaemia anemia
anaemic aneeminen
anaesthesia /ˌænɪsˈθiːzɪə/ puudutus, nukutus, anestesia
anaesthesia preoperative evaluation clinic (APEC) esikäyntipoliklinikka
anaesthesiologist nukutuslääkäri
anaesthetic anesteettinen, puudutus-
anaesthetic nurse anestesiahoitaja
anaesthetist anestesialääkäri, nukutuslääkäri
analgesia /ˌænəlˈdʒiːziə kivunlievitys
analgesic kipulääke
analysis analyysi, tutkimus
anaphylactic shock /ˌanəfɪˈlaktɪk/ anafylaktinen shokki
angina pectoris rasitusrintakipu
angiogram /ˈandʒɪə(ʊ)gram/ angiogrammi, verisuonen röntgenkuvaus
angioplasty pallolaajennus
angry rash paha ihottuma
animal protein eläinproteiini
ankle nilkka
ankle support nilkkatuki
ant bite muurahaisen purema
antacids happolääke, mahan happamuutta vähentävät lääkkeet
antenatal clinic äitiysneuvola
anti-acids happolääke, mahan happamuutta vähentävät lääkkeet
antibiotics antibiootit
anticipation jonkin odotus
anticoagulant veren hyytymistä ehkäisevä lääkeaine
anticoagulant medication hyytymisenestolääkitys
antidepressant masennuslääke
anti-embolism veritulppia ehkäisevä
anti-embolism stockings antiemboliasukat
anti-inflammatory tulehduksia ehkäisevä
anti-inflammatory drugs tulehduskipulääkkeet
anti-nausea medicines pahoinvointia lievittävät lääkkeet
antioxidants antioksidantit
antipyretics kuumetta lievittävät lääkkeet
antisocial epäsosiaalinen
anxiety /aŋˈzʌɪəti/ ahdistus, pelko
anxiety disorder ahdistuneisuushäiriö
appendicitis umpilisäketulehdus
appetite ruokahalu
to apply levittää pinnalle, iholle
to apply a plaster laittaa laastari
appointment vastaanottoaika
apprehensive pelokas
to approach lähestyä
appropriate /ə prəʊprɪɪt/ sopiva, sovelias
approximately /əˈprɒksɪmətli/ arviolta, noin
apron esiliina
area alue
arm käsivarsi
armpit kainalo
to arrange /əˈreɪndʒ/ järjestää, järjestellä
arrhythmia /əˈrɪθmiə/ rytmihäiriö
to arrive saapua
artery /ˈɑːtəri/ valtimo
arthritis /ɑːˈθraɪtɪs/ niveltulehdus
arthrogram nivelkuvaus
artificial keinotekoinen
artificially keinotekoisesti
as instructed ohjeiden mukaisesti
as prescribed reseptin mukaan
asepsis aseptiikka
aseptic aseptinen
aspect osa-alue, piirre
aspiration aspiraatio (keuhkoihin vetäminen)
to assess arvioida

assessment arviointi
assigned nurse omahoitaja
to assist avustaa, auttaa
assistance apu
assistive devices apuvälineet, -laitteet
assistive equipment apuvälineet
to associate with yhdistää johonkin
to assure vakuuttaa, taata
asthma /ˈasmə/ astma
asymptomatic oireeton
at certain intervals säännöllisin välein
at entrance sisäänkäynnin luona
at present tällä hetkellä
atherosclerosis /ˌæθərəʊskliəˈrəʊsɪs/ ateroskleroosi, valtimon-rasvoittumistauti
atherosclerosis /ˌaθərəʊskliəˈrəʊsɪs/ valtimotauti, ateroskleroosi
ATM, automated teller machine käteisautomaatti
atmosphere tunnelma, ilmapiiri
atopic eczema atooppinen ekseema
to attach kiinnittää
attack kohtaus
to attend osallistua, käydä jossakin
to attend to hoitaa, pitää huolta
attention huomio
attention-seeking huomiohakuinen
attitude asenne
audiologist audiologi, kuulo- ja tasapainolääkäri
auditory kuulo-, auditorinen
auricular /ɔːˈrɪkjʊlə/ korva-, korvaan liittyvä
to auscultate auskultoida, kuunnella
available saatavilla
aware tietoinen
axillary clearance kainalon alueen imusolmukkeiden poisto

B

back and forth edestakaisin
back of the hand kämmenselkä
bacteria bakteerit
balanced diet monipuolinen ruokavalio
balancing tasapainotella
to ban kieltää, julistaa pannaan
bandage /ˈbændɪdʒ/ side, sidos, haava-side
band-aid laastari
band-like vannemainen
barefoot paljain jaloin
bariatric surgery mahalaukun ohitus-leikkaus
basal pitkävaikutteinen insuliini
bean papu
bean curd tofu
beans and peas pavut ja herneet
to bear weight on laittaa painoa jollekin
bearing (painon) kantaminen, kestäminen
bed bath vuodepesu
bed controls sängyn hallinta-laitteet
bed rail sängyn kaide
bedhead sängyn pääty
bedpan alusastia
bedside sängynvierus
bedsore makuuhaava, painehaava
bed-wetting yökastelu
behaviour käytös
behavioural käytös-, käytökseen liittyvä
belching röyhtäily
belly vatsa
bench penkki
to bend taivuttaa
to bend over kumartua
bending taivutus
beneficial hyödyllinen, hyväksi
benefit etu, hyöty
to benefit from hyötyä jostakin
benign /bɪˈnʌɪn/ hyvänlaatuinen
berries marjat
beta blocker beetasalpaaja
bewildering hämmentävä
bib ruokalappu
bidet shower /ˈbiːdeɪ/ käsisuihku
bill lasku
binge drinking pakonomainen juominen
bipolar disorder kaksisuuntainen mielialahäiriö
birth syntymä
birth control ehkäisy
to bite purra
bladder virtsarakko
blanket huopa, viltti
to bleed vuotaa verta
bleeding verenvuoto
blinds kaihtimet
blister rakkula, rakko
bloating turvotus (vatsan)
blockage tukos, tukkeuma
blocked tukkeutunut
blood /ˈblʌd/ veri
blood circulation verenkierto
blood clot veritulppa, suonen-sisäinen hyytymä
blood count verenkuva
blood glucose verensokeri
blood glucose meter verensokerimittari
blood loss verenhukka
blood pressure verenpaine
blood pressure gauge/meter verenpainemittari
blood sugar levels verensokeritasot, -arvot
blood test verikoe
blood thinning verenohennus
blood transfusion verensiirto
blood vessels verisuonet
bloodborne infection veritartunta
blood-stained discharge verensekainen (valko)vuoto
bloodstream verenkierto
to bluelight kuljettaa hälytysajo-neuvolla, kiidättää
blurry vision sumentunut katse
BMI, body mass index painoindeksi
bodily kehollinen, kehoon liittyvä
body temperature /ˈtemprɪtʃər/ ruumiinlämpö
bolus ateriainsuliinin annos
bone marrow luuydin
booklet kirjanen
bowel suoli, suolisto
bowel movement vatsan toiminta
brain cell aivosolu
brain haemorrhage /ˈhemərɪdʒ/ aivoverenvuoto
branch haara
bran leseet
breast rinta (naisen)
breastfed rintaruokittu
to breastfeed imettää
breath henkäys, hengitys
to breathe hengittää
to breathe in hengittää sisään
to breathe out hengittää ulos
breathing hengitys
breathless exercise hengästyttävä liikunta
breathlessness hengästyneisyys
to brew coffee keittää kahvia
brief lyhytkestoinen
briefly lyhyesti
to bring on tuoda mukana, aiheuttaa
brittle bone disease luukato, osteoporoosi
broccoli parsakaali
bronchitis /broŋˈkaɪtɪs/ keuhkoputken-tulehdus
bruise ruhje, mustelma
bruising ruhjeet, mustelmat
to brush something off sivuuttaa jokin asia
Brussels sprouts ruusukaali
buccal /ˈbʌk(ə)l/ poski-, poskeen liittyvä
bulge /ˈbʌldʒ/ pullistuma
to bulge pullistua
bully koulukiusaajaa
burden taakka
burned palanut
burning polttava
buttocks pakarat
buzzer soittonappi
bypass operation ohitusleikkaus

C

caesarean section sektio
cafeteria kahvio
calcification of blood vessels verisuonten kalkkeutuminen
calculate laskea (määrä, lukema, tulos)
call bell soittokello
call button kutsunappi
calm /ˈkɑːm/ rauhallinen
cancer syöpä
cannula /ˈkænjʊlə/ kanyyli
cannula site kanyylin pistos-kohta iholla
cannulate /ˈkanjʊleɪt/ kanyloida
cannulation kanylointi
canteen ruokala, (laitos)keittiö
cap korkki
capacity kapasiteetti
capsule kapseli
carbohydrates hiilihydraatit
carbs hiilihydraatit
cardiac sydän-

cardiac failure sydämen vajaatoiminta
cardiac pacemaker sydämentahdistin
cardiologist kardiologi
cardiomyopathy /ˌkɑːdiəʊmaɪˈɒpəθi/ sydänlihassairaus
cardiovascular sydän- ja verisuoni-
care for alcohol and drug abusers päihdehuolto
care plan hoitosuunnitelma
caretaker hoitaja, huoltaja
carotene karoteeni
carpal tunnel syndrome surgery rannekanavaoireyhtymän korjausleikkaus
carpet matto (suuri)
carries a risk sisältää riskin
to carry kantaa
to carry out tehdä, toteuttaa
cartridge /ˈkɑːtrɪdʒ/ insuliinisäiliö, sylinterampulli
cataract kaihi
cataract surgery kaihileikkaus
catheter /ˈkæθɪtər/ katetri
CCU, Coronary Care Unit sydäntautiosasto
CCU, Critical Care Unit teho-osasto
cell solu
cellular solu-, soluihin liittyvä
central vein catheter (CVC) keskuslaskimokatetri
cereals viljakasvit, murot
cerebrovascular /ˌsɛrɪbrə(ʊ)ˈvaskjʊlə/ aivoihin ja aivojen verisuoniin liittyvä
certificate of vaccinations rokotustodistus
cervix kohdunkaula
chain of infection tartuntaketju
challenging haastava
chaplain sairaalapappi
characteristics piirteet
chart kaavio, taulukko
to check the vitals tarkistaa elintoiminnot
check-up tarkastus
chemotherapy kemoterapia, solunsalpaajahoito
chest rinta
chest pain rintakipu
to chew pureskella
chickenpox vesirokko
chief complaint pääasiallinen (lääkäriin) tulosyy
to choke tukehtua
cholecystectomy /ˌkɒlɪsɪsˈtɛktəmi/ sappirakon poistoleikkaus
cholesterol kolesteroli
chore kotityö
chronic krooninen
chronic obstructive pulmonary disease keuhkoahtaumatauti
circular ympyrän muotoinen, pyöreä
circulating nurse salivalvoja, passari
circulation verenkierto
circumstances olosuhteet
civil union avoliitto, rekisteröity parisuhde
clamp sulkija, puristin
to class luokitella
to cleanse puhdistaa, pestä
cleansing solution puhdistusaine
to clench puristaa
to clerk a patient in kirjata potilas osastolle
climate ilmasto
to climb kiivetä
to cling to takertua johonkin
clinic klinikka
clinical director ylilääkäri
clinical training kliininen harjoittelu
closest relative lähisukulainen
closure sulkeminen
clot verihyytymä
clotting paakkuuntuminen, hyytyminen
clotting disorder veren hyytymishäiriö
cloudy sumea, epäselvä
to clutch pidellä tiukasti, tarrautua johonkin
to coach valmentaa
coated päällystetty
coeliac keliaakikko
coeliac disease /ˈsiːlɪak/ keliakia
cold vilustuminen
cold compress kylmäpakkaus
cold sore huuliherpes
colicky koliikkinen
collaborator yhteistyökumppani
to collapse lyyhistyä, kaatua maahan
colleague /ˈkɒliːg/ kollega
coma kooma
comb /ˈkəʊm/ kampa
combination yhdistelmä
to come up with keksiä
comfort lohtu
comfort food lohturuoka
to be comfortable /ˈkʌmftəbəl/ tuntea olo mukavaksi
to commence aloittaa
commercial kaupallinen
to commit suicide tehdä itsemurha
to commit to sitoutua johonkin
commitment sitoutuminen
common yleinen
common cold vilustuminen
common-law marriage avoliitto
community yhteisö
companion seuralainen, saattaja
company doctor työterveyslääkäri
company nurse työterveyshoitaja
compatible yhteensopiva
compliance hoitomyöntyvyys, ohjeiden noudattaminen
to complicate vaikeuttaa, hankaloittaa
complication komplikaatio
to comply with noudattaa
to be composed of koostua jostakin
compression puristus
compression stockings lääkinnälliset hoitosukat
compulsion pakko-oire
to concentrate on keskittyä
concentrated vahva, väkevä
concentration pitoisuus, väkevyys
concern huoli, huolenaihe
concerned huolestunut
condition /kənˈdɪʃən/ vaiva, sairaus, terveydentila
conditions olosuhteet
to conduct suorittaa, tehdä
conducting gel sähköä johtava geeli
confidence itseluottamus
confidential luottamuksellinen
confidentiality /ˈkɒnfɪdɛnʃɪˈælɪtɪ/ luottamuksellisuus
to confirm vahvistaa, varmistaa
confirmation varmistus
to confront kohdata
confusion hämmennys, sekavuus
congenital /kənˈdʒɛnɪtəl/ synnynnäinen
congenital heart defects synnynnäiset sydänviat
conscious /ˈkɒnʃəs/ tajuissaan oleva
consciousness /ˈkɒnʃəsnɪs/ tajunta
consent suostumus, lupa
consent form suostumuslomake
consequence seuraus
considerate huomaavainen
considerations huomioon otettavat asiat
considered to be pidetty jonain
consistent jatkuva
consolation lohtu
constant jatkuva
constantly jatkuvasti
constipation ummetus
to consult konsultoida, katsoa jostakin, lukea
consultant konsultoiva lääkäri, erikoislääkäri
to consume kuluttaa, syödä
consumption kulutus
contact lense piilolinssi
contagious /kənˈteɪdʒəs/ tarttuva
container näyteastia, säiliö
to contaminate kontaminoida, saastuttaa
contamination kontaminaatio
content sisältö
continuation jatkuminen, jatko
continuity jatkuvuus
continuous jatkuva
Continuous Glucose Monitoring System, CGMS jatkuva verensokerin seuranta
contraceptives ehkäisy
to contract supistaa
contractions supistukset
convenient käytännöllinen, helppokäyttöinen
conversational therapy keskusteluterapia
convulsion kouristus
to cooperate/ co-operate tehdä yhteistyötä
COPD keuhkoahtaumatauti
to cope selviytyä, tulla toimeen
to cope with tulla toimeen jonkin kanssa
coping selviytyminen, toimeen tuleminen
cornerstone kulmakivi
coronary angiography sydämen varjoainekuvaus
coronary angioplasty pallolaajennus
coronary artery /ˈkɒrənərɪ ˈɑːtərɪ/ sepelvaltimo

coronary artery disease sepelvaltimotauti
cotton wool pumpuli, vanu
cough yskä
to cough /'kɔf/ yskäistä, yskiä
counselling neuvonta
to counteract ehkäistä
course kuuri
craft activity askartelutehtävä
cramp kramppi, suonenveto
cramping kouristava
crash diet pikadieetti
cream voide
criteria vaatimukset, kriteerit
to crush murskata
crushing musertava
crutches /'krʌtʃ/ kyynärsauvat
c-section sektio
CT scan kerroskuvaus, tietokone-tomografia
cuff mansetti
culture solu- tai bakteeri-viljelmä
curettage /ˌkjʊərɪ'tɑːʒ, kjʊə'rɛtɪdʒ/ kohdun kaavinta
current nykyinen
curtains verhot
cut viilto
to cut down on vähentää jonkin kulutusta
cut flowers leikkokukat
cystitis virtsarakkotulehdus
cytostatic treatment solunsalpaajahoito, sytostaattihoito

D

daily activities päivittäiset toiminnot
dairy products maitotuotteet
damage vahinko, vaurio
date päivämäärä
date of birth syntymäaika
daunting pelottava, huolestuttava
day hospital päiväsairaala
day off vapaapäivä
day room oleskeluhuone, päivähuone
day surgery unit päiväkirurginen osasto/yksikkö
debilitating heikentävä, lamauttava
decaff kofeiiniton
decision päätös
to declare julistaa
decline väheneminen
decrease vähentää
to defeat voittaa, päihittää
deficiency /dɪ'fɪʃ(ə)nsi/ puutos, puute
degree tutkinto, aste
dehydration kuivuminen
to deliver toimittaa, kuljettaa, synnyttää
delivery synnytys, synnytys-huone
demented dementiasta kärsivä, dementoitunut
dental health hampaiden kunto, suun terveys
dentist hammaslääkäri
denture hammasproteesi
to deny kieltää
department osasto (yleistermi)
deposit rasvakertymä
depressed masentunut
depression masennustila, masennusoire
dermatologist ihotautilääkäri
dermatology ihosairaudet
descending colon laskeva paksusuoli
designate määrätä, osoittaa
designated area johonkin tarkoitukseen varattu alue
to detect havaita
to deteriorate heikentää
determination päättäväisyys
to determine /dɪ'tɜːmɪn/ määrittää
detox centre huumevieroituslaitos
detoxification (clinic) huumevieroituslaitos
devastating tuhoisa
devastation järkytys
device laite
diabetes logbook seurantavihko
diabetic diabeetikko
diabetic ketoacidosis (DKA) diabeettinen ketoasidoosi
to diagnose /'daɪəgnəʊz/ diagnosoida
diagnosis diagnoosi
diagram kaavio
dial annosikkuna (insuliinikynän)
to dial a call soittaa puhelimella
dialysis dialyysi
diaper vaippa
diarrhoea /ˌdaɪə'riːə/ ripuli
diet ruokavalio
dietary ruokavalio-, ruokavalioon liittyvä
dietary choices ruokavaliovalinnat
dietary guidance ruokavalio-opastus
dietary restrictions/requirements ruokavaliorajoitukset
dieting laihduttaminen
dietitian /ˌdaɪə'tɪʃən/ ravitsemusterapeutti
to digest sulattaa, sulaa ravinnosta
digestion /dʌɪ'dʒɛstʃ(ə)n/ ruoansulatus
digestive /daɪ'dʒɛstɪv, dɪ'dʒɛstɪv/ ruoansulatus-
digestive system ruoansulatus
digestive tract ruoansulatuskanava
dignity arvokkuus
to dilate laajentaa
to dim himmentää
direction suunta
disappear kadota
to discard hävittää, heittää pois
discharge /dɪs'tʃɑːdʒ/ erittää märkää, märkiä, vuotaa; vuoto, märkä
to discharge a patient /dɪs'tʃɑːdʒ/ kotiuttaa potilas
discharge documents kotiuttamispaperit
discharge from hospital kotiuttaminen sairaalasta
discharge summary hoitotyön yhteenveto (epikriisi)
discharge with streaks of blood verensekainen (valko)vuoto
discomfort kipu, vaiva, tukala olo, epämukavuus
to discover löytää, paljastaa
disease tauti, sairaus
to disinfect desinfioida
disinfectant käsidesi
disinfection desinfiointi
disinfection swabs/pads desinfiointipyyhkeet
to dislike something inhota jotakin
to dislocate mennä sijoiltaan
dislocation sijoiltaan meno
dislodge /dɪs'lɒdʒ/ irrota, luiskahtaa paikaltaan
disorder vaiva, häiriötila, toimintahäiriö
disorderly behaviour rettelöinti, rähinöinti
dispatch lähettää (matkaan)
to dispense valmistaa lääkkeitä potilaalle sopivassa muodossa
dispersed hajonnut, levinnyt
display näyttöruutu
disposable kertakäyttöinen
disposable gloves kertakäyttökäsineet
disposable pad kertakäyttöalusta
to dispose of something hävittää jokin
disrupted häiriintynyt, keskeytetty
dissociation disorder dissosiaatiohäiriö
dissolve liueta, sulaa
dissolving hajoava, sulava
dissolving sutures liukenevat ompeleet
distressing huolestuttava, masentava, järkyttävä
divide into jakautua
divorced eronnut
dizziness huimaus
dizzy huimaava, pyörryksissä
to do sports harrastaa urheilua
DOB, date of birth syntymäaika
doctor's ward round lääkärinkierto
to document dokumentoida, tallentaa
domestic chores kotiaskareet
domestic partnership avoliitto
donor lahjoittaja, luovuttaja
dorsiflexion jalkaterän ylöskoukistus
dose lääkeannos
dosing spoon annostelulusikka
drain dreeni
to drain valuttaa märkää tai muuta nestettä haavaontelosta
drain site dreenin kiinnityspaikka kehossa
drainage nesteen valuttaminen, esim. haavasta
drainage bag nesteenkeräyspussi
drape steriili leikkauslina
drastic radikaali, äärimmäinen
to draw blood ottaa verta suonesta
to draw up laatia

dreaded pelätty
to dress a wound sitoa haava
dressing side, sidetaitos
dressing gown aamutakki
drinking bout ryyppyputki
drinks trolley juomakärryt
drip tiputus
drip stand tippateline
droop riippua, roikkua
drooping riippuminen, roikkuminen
drop pisara, tippa
droplet pisara
dropper pipetti
drowsiness uneliaisuus
drug huume, lääke
drug round lääkkeiden jako
drunkenness humalatila
due to jonkin takia, johtuen jostakin
dull vaimea
durable pen kestokynä, vaihdettavalla säiliöllä varustettu insuliinikynä
duration ajallinen kesto
duty velvollisuus
duty doctor päivystävä lääkäri
duty paramedic päivystävä ensihoitaja
to dwell on vatvoa, puhua jostain aiheesta loputtomasti

E

eardrum korvan tärykalvo
ear infection korvatulehdus
ear plug korvatulppa
ear tube surgery korvien putkitus
earlobe korvalehti
to ease helpottaa
to ease off helpottua, lieventyä
easing factors helpottavat tekijät
to eat healthily syödä terveellisesti
ECG tracing sydänkäyrä
ECG, electrocardiogram /ɪˌlektrəʊˈkɑːdɪəgræm/ EKG, elektrokardiogrammi
echo kaiku
eczema /ˈɛksɪmə, ɛkzɪmə/ rohtuma, ekseema
effect vaikutus
effective tehokas
elastic elastinen, joustava
elbow kyynärpää
elbow crutches kyynärsauvat
elderly person ikääntynyt, ikäihminen
elective elektiivinen
elective surgery elektiivinen leikkaus
electrical cord sähköjohto
electrocardiogram (ECG) EKG
electrode elektrodi
elevated koholla
elevator hissi
eligible for sopiva johonkin
emerge ilmaantua, nousta esiin
emergency /ɪˈmɜːdʒənsi/ hätätilanne
emergency caesarian /ɪˈməːdʒ(ə)nsi sɪˈzɛːrɪən/ hätäsektio
emergency care nurse ensihoitaja
emergency department ensiapu
EMLA cream puudutusvoide
emotion tunne
emotional tunteisiin liittyvä, tunteellinen
empathy empatia, myötätunto
to emphasise korostaa
to encourage /ɪnˈkʌrɪdʒ/ rohkaista
encouragement rohkaisu
endeavour pyrkimys, ponnistelu
endocrinological umpirauhas-
endocrinologist endokrinologi
endocrinology clinic endokrinologian klinikka
endometriosis endometrioosi
endoscopic endoskoopin avulla tehty
endotracheal /ˌɛndə(ʊ)ˈtreɪkɪəl/ henkitorvensisäinen
endovenous laser treatment laskimonsisäinen laserhoito
enema peräruiske
to enhance parantaa, tehostaa
enlarged heart sydämen laajentuma
to ensure varmistaa, turvata
ENT (ear, nose and throat) unit korva-, nenä- ja kurkkutautien osasto
ENT specialist korva-, nenä- ja kurkkutautilääkäri
enteral suoli-, suolistoon liittyvä
enteric enteerinen, suolistoon liittyvä
enthusiasm into, innokkuus
to be entitled to olla oikeutettu johonkin
entrance sisäänkäynti
environment /ɪnˈvaɪərənmənt/ ympäristö
epicrisis epikriisi, hoitoyhteenveto
epidural kovakalvon ulkopuolinen
epidural anaesthesia epiduraalipuudutus
episode jakso
e-prescription sähköinen resepti
equipment /ɪˈkwɪpmənt/ välineet
to eradicate hävittää
essential /ɪˈsenʃəl/ tärkeä, olennainen
essential fatty acids välttämättömät rasvahapot
estranged etääntynyt, vieras
evening handover raportti yövuoron hoitajille
evenly tasaisesti
everyday tasks arjen askareet
evident selvä, ilmeinen
to evoke nostattaa, tuoda mieleen
exacerbate /ɛkˈsasəbeɪt/ vaikeuttaa, pahentaa
exact tarkka
examination tutkimus
to exceed ylittää (määrä, aika tms.)
excess ylimääräinen, liiallinen
excessive liiallinen, ylenpalttinen
excision poisto, poistoleikkaus
excreting ulostaminen
excretions kuonaneritys
excruciating tuskallinen, kiduttava
exercise liikunta
exercise bike kuntopyörä
to exert rasittaa
to exhale hengittää ulos
exhausted lopen uupunut
exhausting uuvuttava
exhibition näyttely
existing olemassaoleva
expecting mother odottava äiti
experience kokemus
to experience kokea
expiry date parasta ennen -päivämäärä
to expose altistaa, paljastaa
exposed to altistunut
exposure /ɪkˈspəʊʒər/ altistuminen
exposure to altistuminen jollekin
expression ilmaus
extension jatke
extreme äärimmäinen
extremity raja
eye specialist silmälääkäri
eyesight näkökyky

F

face and mouth protection suu-nenäsuojukset
face shield kasvosuojus, visiiri
facial kasvo-, kasvoihin liittyvä
facial expression ilme
facial stroke kasvohermohalvaus
factor tekijä
faecal uloste-, ulosteeseen liittyvä
faeces ulosteet
to faint pyörtyä
fall putoaminen
to fall asleep nukahtaa
to fall unconscious menettää tajunta
familial disease perinnöllinen sairaus
to fast paastota
fasting paastoaminen
fatal tappava, hengenvaarallinen
fat-free rasvaton
fatigue väsymys, uupumus
fatty deposit rasvakertymä
fatty tissue ihopoimu, rasvakudos ihon pinnan alla
faultlessly virheettömästi
fear pelko
febrile convulsion kuumekouristus
fed up kyllästynyt, turhautunut
feeding ruokkiminen, syöttäminen
feeding tube syöttöletku
to feel dizzy huimata, tuntea huimausta

to feel light-headed tuntea huimausta
to feel nauseous /ˈnɔːsɪəs/ tuntea kuvotusta
to feel rested tuntea olonsa levänneeksi
to feel upset olla poissa tolaltaan, harmistunut
femur reisiluu
fever kuume
feverish kuumeinen
FHTO, From Home to Operation Leiko, leikkaukseen kotoa
fibre kuitu, ravintokuitu
fibrinolytic therapy liuotushoito
fibromyalgia pehmytkudosreuma
financial taloudellinen, talouteen liittyvä
finger pricking test verikoe sormenpäästä
fingertip sormenpää
Finnish nutrition recommendations suomalaiset ravitsemussuositukset
firm kiinteä
firmly tukevasti
fit as a fiddle terve kuin pukki
flare-up leimahtaminen, puhkeaminen
flavonoids flavonoidit
flaxseed oil pellavansiemenöljy
flexibility joustavuus, notkeus
flexible joustava, taipuisa
flexible visiting hours joustavat vierailuajat
floor kerros, lattia
to fluctuate /ˈflʌktʃʊeɪt/ aaltoilla, vaihdella, heilahdella
fluctuating aaltoileva
fluctuation heilahtelu, aaltoilu
fluid neste
fluid balance nestetasapaino
to flush huuhtoa, puhdistaa
flush huuhtelu
to flush out huuhdella pois
foam vaahto
foam sclerotherapy vaahtohoito
to focus on keskittyä johonkin
foetal sikiö-
folded gauze dressing harsotaitos
folic acid foolihappo
follow-up appointment seurantakäynti
follow-up care jatkohoito
follow-up examination jälkitarkastus
food poisoning ruokamyrkytys
forceps atulat
forearm kyynärvarsi
form kaavake
forthcoming tuleva, lähestyvä
fractured /ˈfræktʃərd / murtunut
frequent usein toistuva, tiheä
frequently /ˈfriːkwəntli/ usein, tiheästi
frightened pelästynyt, pelokas
from home to operation (FHTO) leikkaukseen kotoa
fruity hedelmäinen
frustration turhautuminen
fuel polttoaine
functional toiminnallinen
functional capacity toimintakyky
fundamental perus-, perustavanlaatuinen
furring up of blood vessels verisuonten kalkkeutuminen

G

to gag kakistella, yökätä
to gain weight saada lisää painoa, lihoa
gallbladder sappirakko
gallstone /ˈgɔːlstəʊn/ sappikivi
gas ilmavaivat
gastric / gæstrɪk/ maha-, vatsa-
gastric fluid mahaneste
gastric ulcer mahahaava
gastroenteritis maha- ja suolikanavan tulehdus
gastroenterologist vatsatautilääkäri
gastrointestinal surgeon vatsaelinkirurgi
gastrostomy /gaˈstrɒstəmi/ mahalaukkuavanteen teko
to gather kerätä
gauze /ˈgɔːz/ sideharso
gaze tuijotus, katse
gender sukupuoli
general anaesthesia nukutus, yleisanestesia
general health yleinen terveydentila
general practitioner yleislääkäri
general state of health yleinen terveydentila
generation sukupolvi
genital area /ˈdʒenɪtl/ genitaalialue
genitals, genitalia /ˈdʒenɪtls/ sukupuolielimet
gently hellästi, varovasti
genuinely aidosti
GERD, gastroesophageal reflux disease refluksitauti
germ bakteeri, taudinaiheuttaja
gerontologist gerontologi
gestation /dʒeˈsteɪʃən/ raskaus, raskausaika
gestational diabetes raskausajan diabetes
gesture /ˈdʒestʃər/ ele
to get changed vaihtaa vaatteet
to get rid of päästä eroon, hankkiutua eroon
gig keikka
ginger inkiväärі
to give a bath pestä, kylvettää
giving rate tiputusnopeus
glenohumeral joint olkanivel
to glide in liukua sisään
glucagon glukagoni
glucometer verensokerimittari
glucose /ˈgluːkəʊz, ˈgluːkəʊs/ verensokeri
glucose tolerance test sokerirasitustesti
glue liima
gluteal pakara-, pakaraan liittyvä
gluten-free diet gluteeniton ruokavalio
gnawing /ˈnɔː(r)ɪŋ/ jäytävä
to go ahead with aloittaa jokin, ryhtyä
goggles suojalasit
gown /ˈgaʊn/ kaapu
GP, general practitioner yleislääkäri
to grab ottaa kiinni, tarttua
grab bar tarttumiskahva
gradual asteittainen
gradually asteittain, vähitellen
to graduate valmistua oppilaitoksesta
granule /ˈgranjuːl/ rae
grief suru
grip strength puristusvoima
grocery shopping ruokaostosten teko
groin nivunen
grommets surgery korvien putkitus
growth kasvu
to guarantee taata, antaa takuu
guidance opastus, ohjaus
to guide opastaa
gullet ruokatorvi
gurgling /ˈgəːg(ə)lɪŋ/ pulputus, kurina
gynaecological ward /gaɪnəkəˈlodʒɪkəl/ naistentautien osasto
gynaecologist gynekologi

H

haematologist hematologi
haematology ward veritautien osasto
haematoma /ˌhiːməˈtəʊmə/ ruhje, verenpurkauma
haemoglobin /ˌhiːməˈgləʊbɪn/ hemoglobiini
haemorrhoid /ˈhɛmərɔɪd/ peräpukama
haemorrhoidectomy peräpukamien poistoleikkaus
hair loss hiustenlähtö
hand rub käsidesi
hand wipe kosteuspyyhe
handle kahva
to handle käsitellä
handout tiedote, ohjelehtinen
handrail kaide
hangover krapula
hardening kovettuma
hardware laitteet, metalliosat
hatch luukku
haulage company rahtiyhtiö
to have a good grasp on ymmärtää jokin asia hyvin
hay fever heinänuha
HbA1c (long-term glycaemic control) pitkäaikainen verensokeri
head physician ylilääkäri
healing paraneminen
health terveys
health care terveydenhoito, hoitoala
health centre terveyskeskus
health check-up terveystarkastus
health insurance sairausvakuutus
health insurance card terveysvakuutuskortti

health visitor terveydenhoitaja
healthcare provider terveydenhuoltoalan ammattilainen
health-promoting diet terveyttä edistävä ruokavalio
healthy terveellinen
healthy eating habits terveelliset ruokailutottumukset
hearing aid kuulolaite
hearing defect kuulovaurio
heart sydän
heart attack sydänkohtaus
heart blocks EKG-löydös
heart bypass operation ohitusleikkaus
heart failure sydämen vajaatoiminta
heart rate sydämen lyöntitiheys
heart valve disease /'hɑ:t 'vælv dɪ'zi:z/ läppävika
heartbeat sydämensyke, sydämenlyönti
heartburn närästys
heart-healthy sydänystävällinen
heatwave lämpöaalto
hectic hektinen, hyvin kiireinen
heel kantapää
height /'haɪt/ pituus (pystysuunnassa), korkeus
herbal preparations yrttivalmisteet
herbs yrtit
hereditary disease perinnöllinen sairaus
hernia /'hə:nɪə/ tyrä
herniated (slipped) disc surgery välilevyn pullistuman leikkaus
herpes labialis huuliherpes
to hesitate epäröidä
high blood pressure korkea verenpaine
highlight kohokohta
hip lonkka
hip replacement lonkan tekonivel
hip replacement surgery lonkan tekonivelleikkaus
hive-like rash koholla oleva allerginen ihottuma
hives nokkosihottuma, nokkosrokko
to hold on pitää kiinni
hollow ontto
home (care) instructions kotihoito-ohjeet
hopeless toivoton
hopelessness toivottomuus
hospital acquired infections sairaalainfektiot
hospital admission sairaalahoitoon ottaminen
hospital facilities sairaalan palvelut, tilat
hospital premises sairaalan alue
hospital priest sairaalapappi
hospital setting sairaalaympäristö
hospitalisation sairaalassaoloaika
to be hospitalised olla sairaalahoidossa
hospitalised sairaalahoidossa oleva
household activities kotiaskareet
humid kostea
to hurt satuttaa, sattua
hydrated nesteytetty
hyperglycaemia /ˌhʌɪpəglʌɪ'si:mɪə/ veren liikasokerisuus
hypertension hypertensio, kohonnut verenpaine
hypo alhainen verensokeri
hypoglycaemia alhainen verensokeri
hypovolaemia /ˌhʌɪpə(ʊ)və'li:mɪə/ veren vähyys
hysterectomy /ˌhɪstə'rektəmi/ kohdunpoisto

I

ICU, Intensive Care Unit teho-osasto
ID, identification henkilöllisyystodistus
ideal ihanteellinen
identification henkilöllisyystodistus
identification bracelet tunnistusranneke
to identify tunnistaa
illness sairaus
imbalance epätasapaino
immediate family lähimmät sukulaiset
immediately välittömästi
immobilised liikuntakyvytön
immobility liikuntakyvyttömyys
immune system immuunijärjestelmä
impact vaikutus
impending lähestyvä, uhkaava
to be in balance olla tasapainossa
in cycles sykleissä, jaksoittain
to be in doubt olla epävarma, epäillä
in due course ajallaan, ajan myötä
to be in pain kärsiä kivusta
in waves aaltoillen
inability kykenemättömyys
inability to concentrate keskittymiskyvyttömyys
incision viilto (kirurginen)
incontinence inkontinenssi, pidätyskyvyttömyys
incubation period taudin itämisaika
to indicate osoittaa, viitata
indicative suuntaa antava
indigestion /ˌɪndɪ'dʒestʃən/ ruoansulatushäiriö
to induce käynnistää
induction käynnistäminen
indwelling Foley catheter kestokatetri
infant vauva, pikkulapsi
infection tartunta
infection control infektioiden torjunta
infectious tarttuva
infectious diseases ward tartuntatautien osasto
inflammation tulehdus
inflammatory /ɪn'flæmətri/ tulehdus-, tulehdukseen liittyvä
inflated balloon täytetty ilmapallo
influenza nuhakuume, influenssa
informed consent täydessä ymmärryksessä annettu suostumus
to infuse antaa nestettä infuusion avulla
infusion infuusio, nesteensiirto, tiputus
inguinal /'ingwɪnəl/ nivus-
inguinal hernia surgery nivustyräleikkaus
inhalation sisäänhengitys, inhalaatio
to inhale hengittää sisään
inhaler inhalaattori
inherited disease perinnöllinen sairaus
to inject injektoida, pistää
injection injektio, ruiske
injection site pistokohta
injured loukkaantunut
injury vamma
inpatient vuodepotilas
inpatient ward vuodeosasto
insect sting hyönteisen pisto
to insert laittaa, työntää, asettaa
insomnia unettomuus
institutional care for substance abusers päihdehuoltola, päihdehuoltolaitos
to instruct opastaa, neuvoa
insulin insuliini
insulin cartridge insuliinikynän säiliö, insuliinisäiliö, sylinteriampulli
insulin pen insuliinikynä
insulin-dependent insuliiniriippuvainen, tyypin I diabetestä sairastava
insulin-dependent diabetes (IDDM) insuliiniriippuvainen diabetes
insurance vakuutus, vakuutukset
intact ehjä, kunnossa
intensity voimakkuus
Intensive Care Unit, ICU teho-osasto
intention aikomus
intercom sisäpuhelin
intercourse yhdyntä
to interfere häiritä, aiheuttaa häiriöitä, estää
intermittent (jaksottain) toistuva, ajoittainen
intermittent catheter kertakatetri
internal medicine specialist sisätautilääkäri
internist (AmE) sisätautilääkäri
interpersonal skills ihmissuhdetaidot, taito toimia erilaisten ihmisten kanssa
to interpret tulkita
to interrupt keskeyttää
interval väli, väliaika, intervalli
interview haastattelu
intestinal suoli-
intestine suoli
intolerable sietämätön
intoxicant abuser päihdeongelmainen
intoxicants päihteet
intramuscular lihaksensisäinen
intraoperative leikkauksen aikana tapahtuva
intrapulmonary keuhkonsisäinen
intraspinal selkärangansisäinen
intrathecal /ˌɪntrə'θi:k(ə)l/ aivo-selkäydinnesteen alueella sijaitseva
intravenous laskimonsisäinen
intravenous giving set kanylointivälineet

intravenous, IV /ˌɪntrəˈviːnəs/ laskimonsisäinen
intubation intubaatio, putken asettaminen
invariably poikkeuksetta
to investigate tutkia
iron-rich diet rautapitoinen ruokavalio
irrational järjetön, irrationaalinen
irregular epäsäännöllinen
irreversible peruuttamaton
irritability ärtyisyys, kärsimättömyys
irritation ärsytys, ärtymys
ischaemia /ɪˈskimiə/ iskemia
ischemic heart disease iskeeminen sydänsairaus
to isolate oneself eristäytyä
isolation eristäminen, eristyneisyys, eristys-
isolation room eristyshuone
issue ongelma, asia
itchy kutiava
IV bag infuusiopussi
IV, intravenous /ˌɪntrəˈviːnəs/ suonensisäinen

J

jargon /ˈdʒɑːgən/ ammattikieli, jargon
jaundice /ˈdʒɔːndɪs/ keltatauti
jaw leuka
jewellery korut
joint nivel
junk food roskaruoka
juvenile onset diabetes nuoruusiän diabetes, tyypin I diabetes

K

to keep a diary pitää päiväkirjaa
to keep in shape pysyä hyvässä kunnossa
to keep under observation pitää tarkkailussa
to keep weight under control pitää paino kurissa
ketone meter ketoainemittari
ketones ketoaineet
to kick in alkaa vaikuttaa (lääkkestä)
kidney /ˈkɪdni/ munuainen
kidney dish/basin kaarimalja
kidney failure munuaisen vajaatoiminta
kidney transplant surgery munuaisen-siirtoleikkaus
kinked kieroutunut, sykkyrällä
knee /ˈniː/ polvi

L

laboratorian laborantti
laboratory laboratorio
laboratory assistant laborantti
labour käynnissä oleva synnytys
labour contraction synnytys-supistukset
laboured vaikea, raskas
lack puute
lack of something jonkin puute
lancet device lansettikynä
laparoscopy tähystämällä tehtävä tutkimus tai leikkaus
lateral epicondylitis tenniskyynärpää
laughing gas ilokaasu, dityppioksidi
laxatives ulostuslääkkeet
leading question johdatteleva kysymys
leaflet lehtinen
leafy lehdellinen
to lean nojata, kallistua
leg jalka, sääri
legumes /ˈlɛgjuːm/ palkokasvit
lens linssi
lentil linssi (kasvi)
to let somebody know ilmoittaa jollekin, tiedottaa jotakuta
lethargic horroksinen, letarginen
level taso
level of inflammation tulehdusarvot
lid kansi
to lie maata
lie dormant olla latentti, horroksessa
to lie down käydä makuulle
life-threatening hengenvaarallinen
lifting nostaminen
to ligate sitoa narulla
ligation suonien sitominen ja yhteenpuristaminen
lightheaded pökerryksissä, huimausta tunteva
limb /ˈlɪm/ raaja
limp veltto, voimaton
linen liinavaatteet, lakanat
to linger viipyillä, viipyä
liquid neste, nestemäinen
lively eloisa, iloinen
liver maksa
living habits elintavat
local anaesthesia paikallispuudutus
local anaesthetic paikallispuudute
localised kohdentunut, paikallinen
to locate paikantaa
location sijainti
locker lukittava säilytyslokero
long-acting pitkävaikutteinen
long-term pitkäkestoinen, pitkäaikais-
to look after pitää huolta
loose löystynyt, löysä
lorry kuorma-auto
to lose weight menettää painoa, laihtua
loss menetys
lotion kosteuttava ihovoide
to lower laskea alas
lower back alaselkä
to lower cholesterol alentaa kolesterolia
lower lobe pneumonia keuhkokuume alemmassa keuhkolohkossa
low-fat vähärasvainen
to lubricate liukastaa, voidella
lubricating liukastava
lubricating gel liukastusgeeli
lukewarm haalea
lump kyhmy
lumpectomy säästävä rintaleikkaus
lung keuhko
lycopene /ˈlʌɪkə(ʊ)piːn/ lykopeeni
lymph node imusolmuke

M

macronutrients makroravintoaineet
main entrance pääsisäänkäynti
major suuri, merkittävä
to make a bed pedata sänky
to make a full recovery toipua täysin
to make an appointment varata aika
make-up meikki
malaise yleinen huono-vointisuus
malignant /məˈlɪgnənt/ pahanlaatuinen
manageable hallittavissa oleva
mandatory pakollinen
manic behaviour maanisuus
to manifest ilmentyä, näyttäytyä
marital status aviosääty
mastectomy rinnanpoisto-leikkaus
mat matto (pieni), ovimatto
maternity unit synnytysosasto
maturity onset diabetes aikuisiän diabetes, tyypin II diabetes
meal ateria
means of transport kulkuväline
measles /ˈmiːzlz/ tuhkarokko
measure /ˈmeʒər/, /ˈmeʒər/ keino, mitta
to measure /ˈmeʒər/ mitata
measured height mitattu pituus
measurement mittaus
measurements mitat
measuring mittaaminen, mittaus
medical and surgical nurse sisätauti-kirurginen sairaanhoitaja
medical certificate /sɜːˈtɪfɪkɪt/ lääkärintodistus
Medical Certificate A A-todistus
Medical Certificate B B-lausunto
medical imaging nurse röntgenhoitaja
medical records terveystiedot, potilasasiakirjat
medical report potilaskertomus
medical student lääketieteen opiskelija
medication lääkitys, lääkkeet
medication round lääkkeiden jako
medication supply lääkkeiden saanti
medicine lääke
medicine cabinet lääkekaappi
medicine round lääkkeiden jako potilaille
Mediterranean välimerellinen
melanoma ihosyöpä, melanoma
memory disorder muistisairaus
menstrual pains kuukautiskivut

menstrual period kuukautisjakso
menstruation /ˌmenstrʊ'eɪʃən/ kuukautiset
mental health mielenterveys
metabolic aineenvaihdunta-
metabolism aineenvaihdunta
middle ear infection korvatulehdus
mid-stream urine sample keskivirtsanäyte
midwife kätilö
migraine migreeni
mild lievä, vähäinen, heikko
milk carton maitopurkki
milk duct maitotiehyt
mixture mikstuura, lääkesekoitus
mobility liikkuvuus
moderate kohtuullinen, kohtalainen, keskivaikea
moderate exercise kohtuullinen liikunta
moderately kohtuullisesti
modes of administration lääkkeiden antotavat potilaille
mole luomi
to monitor tarkkailla, seurata
monitoring tarkkailu, seuranta
mood mieliala
morning care aamupesut, aamutoimet
morning handover raportti aamuvuoron hoitajille
mosquito /mə'ski:təʊ/ hyttynen
mottled laikkuinen, täplikäs
mouthpiece suukappale
MRI, magnetic resonance imaging magneettikuvaus
mucous membrane /ˌmju:kəs 'membreɪn/ limakalvo
mucus lima, räkä
multi-injection therapy (MIT) monipistoshoito
multi-modal monimuotoinen
multiple useita, monia
multiple sclerosis MS-tauti
multi-professional moniammatillinen
mumps sikotauti
muscle /'mʌsl/ lihas
musculoskeletal tuki- ja liikunta-elimistön-
myocardial infarction sydänkohtaus
myriad loputon määrä

N

nagging kalvava
nail polish kynsilakka
named nurse omahoitaja
nanny lastenhoitaja
narcotics huumeet
narrowed kaventunut
narrowing of arteries verisuonten ahtautuminen
nasal cannula happiviikset
nasogastric nenä-mahalaukku-
naso-gastric tube /ˌneɪzəʊ'gastrɪk tju:b/ nenä-mahaletku
nationality kansalaisuus, kansallisuus
nausea /'nɔ:zɪə/ pahoinvointi
NCCP, noncardiac chest pain muusta kuin sydämestä johtuva rintakipu
nebuliser sumutin
neck niska, kaula
needle neula
needle site pistoskohta
neglect laiminlyönti
negligence /'nɛglɪdʒ(ə)ns/ laiminlyönti, välinpitämättömyys
neonatal care /ˌni:ə'neɪtəl/ vastasyntyneiden hoito
neonatal unit vastasyntyneiden osasto
nervous hermostunut
nervous system hermosto
nervousness hermostuneisuus
neurological hermosto-
neurologist neurologi
newborn vastasyntynyt
next of kin lähisukulainen, -sukulaiset
night shift yövuoro
nightwear yöpymisvaatteet
nil by mouth ei ruokaa, eikä juomaa suun kautta
nitrous oxide ilokaasu, dityppioksidi
non-insulin dependent diabetes (NIDDM) ei-insuliiniriippuvainen diabetes
non-prescription medication käsikauppalääkkeet
nonsterile gloves tehdaspuhtaat suojakäsineet
nonverbal ei-sanallinen, sanaton
to normalise bowel movements suolen toiminnan edistäminen
nose bleed nenäverenvuoto
nosocomial infection sairaalainfektio
nostril sierain
to notify ilmoittaa
numb /'nʌm/ tunnoton, puutunut
to numb turruttaa, puuduttaa
numbness puutuminen
nurse sairaanhoitaja
nurse call soittonappi
nurse call button kutsunappi, soittokello
nursing procedure hoitotoimenpide
nursing student sairaanhoidon opiskelija
nutrients ravintoaineet
nutrition ravitsemus
nutrition ravinto
nutritional supplements ravintolisät
nutritional therapy ravitsemusterapia
nuts and seeds pähkinät ja siemenet

O

obesity liikalihavuus
object esine
to observe tarkkailla, huomioida
obstetrician /ˌɒbstə'trɪʃən/ synnytyslääkäri
obstruction /əb'strʌkʃ(ə)n/ tukos
to obtain hankkia, saada
to obtain IV access avata suoniyhteys
obvious selkeä, selvä
occupation ammatti
occupational doctor työterveyslääkäri
occupational health nurse työterveyshoitaja
occupational nurse työterveydenhoitaja
occupational therapist toimintaterapeutti
to occur tapahtua, ilmaantua
OCD, obsessive compulsive disorder pakko-oireisuus
oedema turvotus, pöhötys, ödeema
oesophagus /i'sɒfəgəs/ ruokatorvi
oil öljy
ointment voide, salva
olive oil oliiviöljy
omega 3-rich food omega 3 -pitoinen ruoka
omega-3 fatty acids omega-3 -rasvahapot
to omit jättää pois
to be on medication olla lääkityksellä, saada lääkitystä
on a scale of 1 to 10 asteikolla 1-10
on a short-term basis lyhytaikaisesti
on admission and on discharge sairaalaan saapuessa ja kotiuttaessa
on arrival and on leaving saapuessa ja lähtiessä
on call päivystyksessä, päivystävä
on instinct vaiston varassa
on purpose tarkoituksella
to be on the pill käyttää ehkäisypillereitä
on your feet jaloille seisomaan
oncologist onkologi
oncology unit syöpäosasto
ongoing jatkuva
onset alku, alkaminen
onset of a condition taudin puhkeaminen, alku
open heart surgery avosydänleikkaus
open-ended question avoin kysymys
operating room, OR leikkaussali
operating theatre, OT leikkaussali
operation leikkaus, operaatio
opthalmologist silmälääkäri
opportunity tilaisuus, mahdollisuus
OR, operating room leikkaussali
oral suu-, suuhun liittyvä
orchiopexy laskeutumattoman kiveksen siirtäminen ja kiinnittäminen kivespussiin
organ elin
organ failure vajaatoiminta, elinvaurio
organ transplant elinsiirto
organic food luomuruoka

orientation orientaatio, ajankohdan, oman olinpaikan ja tilanteen ymmärrys
orthopaedist ortopedi
orthotist-prosthetist apuvälineteknikko
osteoporosis luukato, osteoporoosi
OT, Occupational Therapy työterveydenhuolto
OT, operating theatre leikkaussali
OTC käsikauppalääkkeet
otologist korvalääkäri
otorhinolaryngologist korva-, nenä- ja kurkkutautilääkäri
to be out of breath hengästynyt
out of the ordinary epätavallinen
outcome tulos
outflow virtaus (ulospäin)
outpatient päiväpotilas, poliklinikkapotilas
outspoken selväpuheinen, suorapuheinen
overall health yleinen terveydentila
overdose yliannostus
overdue myöhässä, yli määräajan
to overreact ylireagoida
over-the-counter medicine käsikauppalääkkeet
overweight ylipainoinen
overwhelming musertava, ylivoimainen
oxygen /ˈɒksɪdʒən/ happi
oxygen intake hapensaanti
oxygen saturation /ˈɒksɪdʒən ˌsætʃəˈreɪʃən/ happisaturaatio, -kyllästeisyys
oxygenated happipitoinen
oxygenation /ɒksɪdʒəˈneɪʃ(ə)n/ hapettuminen
oxygen-rich happirikas

P

p.m. care iltatoimet
paediatric pediatrinen, lastentauti-
paediatric unit lastenosasto
paediatrician lastenlääkäri
pain kipu
pain management kivunhoito
pain relief kivunlievitys
painkillers särkylääkkeet
palaeolithic /ˌpalɪə(ʊ)ˈlɪθɪk/ paleoliittinen, kivikautinen
pale kalpea
pallor kalpeus
pancreas haima
panic attack paniikkikohtaus
panic disorder paniikkihäiriö
panicking panikointi
pants housut (pitkät)
paraesthesia /ˌpɛrəsˈθiʒ(i)ə/ harhatuntemus
paralysis halvaus, paralyysi
paramedic ensihoitaja
paramount tärkein
parenteral suoliston ulkopuolinen
parents with substance abuse problems päihdevanhemmat
paresis osittainen halvaus, pareesi
partially osittain
to participate in something osallistua johonkin
to pass the tube through kuljettaa letku jonkin kautta
to pass urine laskea virtsaa, virtsata
passage kulkuväylä, tiehyt
passion intohimo
passport passi
paste tahna
to pat taputella
to pat dry kuivata taputtelemalla
patch lappu, laastari, laikku
patency avonaisuus, tukkeutumattomuus
pathogen /ˈpæθədʒɛn/ taudinaiheuttaja
patient potilas; kärsivällinen
patient care potilaan hoitaminen
patient controlled analgesia (PCA) PCA-infuusiopumppu
patient information leaflet potilasohjevihkonen
patient organisation potilasjärjestö
patient-care activities hoitotehtävät
patient-centredness potilaskeskeisyys
pattern kuvio
to pay attention to kiinnittää huomiota
peer toveri
peer support vertaistuki
peer visit vertaisvierailu
pelvic lantio- , lantioon liittyvä
pelvis lantio
pensioner eläkeläinen
percutaneous ihon läpi tapahtuva
to perform suorittaa, tehdä
pericarditis /ˌperɪkɑːˈdaɪtɪs/ sydänpussitulehdus
perineal area /ˌperɪˈniːəl/ välililha
period kuukautiset, ajanjakso
period of validity voimassaoloaika
periodically jaksottain, tiettyinä ajanjaksoina
perioperative nurse perioperatiivinen hoitaja, leikkaussalihoitaja
peripherally inserted central catheter line (PICC) pitkäaikaiseen käyttöön tarkoitettu IV-kanyyli
permanent pysyvä, vakituinen
permission lupa
to permit sallia, antaa mahdollisuus
peroneal nerve peroneushermo
to persist jatkua
persistent itsepintainen, hellittämätön
personality disorder persoonallisuushäiriö
pharmacist /ˈfɑːməsɪst/ farmaseutti
pharmacy /ˈfɑːməsi/ lääkehuone, apteekki
phase vaihe
phobia pelko
phonophobia /ˌfəʊnə(ʊ)ˈfəʊbɪə/ ääniarkuus, yliherkkyys äänille
photophobia /fəʊtə(ʊ)ˈfəʊbɪə/ valonarkuus, yliherkkyys valolle
physiatrist fysiatri
physical activity fyysinen aktiivisuus
physical exercises liikuntaharjoitteet
physician yleislääkäri, lääkäri
physio fysioterapeutti
physiotherapeutic fysioterapeuttinen
physiotherapist fysioterapeutti
phytonutrient fytoravinne, kasviravintoaine
to pick up on tarttua johonkin, huomata ja reagoida
piercing lävistävä
piles peräpukamat
pillow tyyny
to pinch nipistää
pitying säälivä
to place sijoittaa, laittaa
placement sijoittaminen, sijoitus
plant protein kasviproteiini
plant-based kasviperäinen
plaster laastari
plastic surgeon plastiikkakirurgi
pleuritis keuhkopussintulehdus
plug tulppa, tukos
plugged tukkeutunut
plunger mäntä
pneumonia /njuːˈməʊnɪə/ keuhkokuume
poisoning myrkytys
policy käytäntö, menettelytapa
to pop round käväistä
portable kannettava
porter lääkintävahtimestari
portion annos
position asento
post anaesthetic care unit, PACU heräämö
post-hospitalisation sairaalahoidon jälkeinen
post-operative leikkauksen jälkeinen, postoperatiivinen
potassium kalium
potential mahdollinen
poultry linnunliha, siipikarja
powder jauhe
PPE, personal protective equipment suojaimet
practical nurse lähihoitaja
practice käytäntö
to praise kehua, ylistää
preanaesthesia evaluation clinic (PAC) esikäyntipoliklinikka
preanaesthesia form esitietolomake nukutusta varten
preassessment esitietojen keräys
precaution / prɪˈkɔːʃən/ varokeino, varotoimenpide
precious kallisarvoinen

pre-eclampsia /priːɪˈklam(p)sɪə/ pre-eklampsia, raskausmyrkytys
to prefer suosia
prefilled esitäytetty
prefilled pen esitäytetty kertakäyttökynä
pregnancy /ˈpregnənsi/ raskausaika, raskaus
to be pregnant olla raskaana
pregnant raskaana
pre-hospitalisation sairaalahoitoon tuloa edeltävä
premedication esilääkitys
preoperative preoperatiivinen, leikkausta edeltävä
to prepare valmistautua
to prescribe määrätä
prescribed lääkärin määräämä
prescribed drugs reseptilääkkeet
prescription /prɪˈskrɪpʃən/ resepti, lääke-määräys
present tämänhetkinen
present illness nykyinen sairaus
pressure paine
pressure ulcer makuuhaava, painehaava
prevalence yleisyys, levinneisyys
prevalent yleinen
to prevent estää, ehkäistä
preventative ennaltaehkäisevä
prevention ehkäisy, estäminen
preventive medication estolääkitys
previous edeltävä, edellinen
to prick pistää
primary ensisijainen
primary nurse omahoitaja
primary school alakoulu
to prime testata insuliinikynä
printout tuloste
prior to ennen jotakin
privacy yksityisyys
private entrepreneur /ˌpntrəprəˈnəː/ yksityisyrittäjä
privilege /ˈprɪvɪlɪdʒ/ etuoikeus
privileged etuoikeutettu
probe anturi
probing question luotaava, tiedusteleva kysymys
problem-solving skills ongelman-ratkaisutaidot
procedure /prəˈsiːdʒər/ toimenpide
to proceed edetä, ryhtyä
processed käsitelty
profession ammatti
professional ammattilainen
profound perinpohjainen, syvälle käyvä
prognosis prognoosi, ennuste
program (AmE) ohjelma
programme (BrE) ohjelma
prolapse esiinluiskahdus
prolonged pitkittynyt
to promote tukea, edistää
prone to altis jollekin
to prop up tukea
proper kunnollinen
properties ominaisuudet
pros and cons hyvät ja huonot puolet
prosperous menestyvä
protective gloves kertakäyttö-käsineet
protrusion ulkonema, ulostyöntyminen
to provide tarjota, antaa
prunes luumut
psychiatric nurse psykiatrinen hoitaja
psychiatrist psykiatri
psychologist psykologi
psychosis /sʌɪˈkəʊsɪs/ psykoosi
puberty puberteetti
public health nurse terveydenhoitaja
publication julkaisu
to pull out vetää ulos
pulling vetäminen
pulmonary fibrosis keuhkofibroosi
pulse pulssi, palkokasvit
pulse oximeter pulssioksimetri
pulse oximetry device pulssioksimetri
puncture /ˈpʌŋktʃər/ pistos
puncture site pistoskohta
to pursue tavoitella
pus märkä, mätä
to put on clothes pukeutua
pyrexial kuumeinen

Q

qualification pätevyys
quality /ˈkwɒlɪti/ laatu, ominaisuus
to quench a thirst sammuttaa jano
to queue /kjuː/ jonottaa
quick carbs nopeat hiilihydraatit

R

racing heart tykyttävä sydän
to radiate säteillä
radiating säteilevä
radiation dose säteilyannos
radiation therapy sädehoito
radiographer röntgenhoitaja
radiologist radiologi
radiology nurse röntgenhoitaja
radiology unit radiologian yksikkö
railing kaide
to raise kohottaa
raised koholla
range valikoima
rapid nopea
rapport yhteisymmärrys
rarely harvoin
rash ihottuma
to ravage runnella
razor /ˈreɪzər/ partaterä, partakone
to reach tavoitella, tavoittaa
reacher apukeppi
reactivation uudelleen-aktivoituminen
reading lukema
re-admission sairaalahoitoon ottaminen uudelleen
to realise tajuta, ymmärtää
reasonable kohtuullinen, järkevä
to reassure rauhoitella, tyynnyttää
to recall muistaa, palauttaa mieleen
to receive saada, vastaanottaa
receiver vastaanottaja
recent äskettäinen, lähiaikoina tapahtunut
recommendation suositus
reconstructive surgery korjaava leikkaus, korjaava kirurgia
record tallenne, asiakirja, dokumentti
recording the observations (BrE) vitaalielintoimintojen mittaaminen
to recover from toipua jostakin
recovery toipuminen, paraneminen, heräämö
recovery position kylkiasento
recreational drugs huumeet
rectal peräsuoli- , peräsuoleen liittyvä
to recuperate toipua
to recur uusiutua, tapahtua uudelleen
recurrent uusiutuva, toistuva
redness punoitus
to reduce vähentää, pienentää
to refer somebody to kirjoittaa lähete, lähettää
reference value viitearvo
referral lähete
to reflect on something pohtia jotakin
to regain balance päästä takaisin tasapainoon
to regain consciousness palata tajuihinsa
regimen hoito-ohjelma
regional anaesthesia regionaalinen anestesia
registered nurse sairaanhoitaja
regression taantuminen
regular /ˈregjʊlər/ säännöllinen
to regulate säädellä
rehabilitation kuntoutus, kuntoutuminen
to reinstall asentaa uudelleen
rejuvenating virkistävä
relative sukulainen
to release vapauttaa, päästää, avata staassi
reliable /rɪˈlaɪəbəl/ luotettava
relief helpotus
to relieve lievittää, helpottaa, vapauttaa
religious /rɪˈlɪdʒəs/ uskonnollinen
to rely on luottaa
removable poistettava, poistettavissa oleva
removal poisto
to remove poistaa, ottaa pois
renal munuais-
re-open aueta uudelleen
to replace vaihtaa uuteen
to request pyytää
to require /rɪˈkwaɪər/ vaatia
to resemble muistuttaa jotakin
reservoir säiliö

resident asukas
residential asumis-, asumiseen liittyvä
residential care unit asumispalveluyksikkö
residual urine jäännösvirtsa
resilience sietokyky, sinnikkyys
resistance vastustuskyky, vastustus
resistant vastustuskykyinen
to resolve lieventyä, hävitä
resources resurssit
respiration hengitys
respiratory hengitys-, hengitykseen liittyvä
respiratory distress hengitysvaikeudet
respiratory rate /rəˈspɪrətri ˈreɪt/ hengitystiheys
to respond vastata
response vaikutus, hoitovaste, vastaus
responsibility vastuu, vastuualue
rest lepo
to restore palauttaa ennalleen
to restore vitality palauttaa elinvoima
restriction rajoitus
result tulos
to resume jatkaa jonkin tekemistä
retainer kiinnike, pidike
retinopathy retinopatia, verkkokalvosairaus
retract vetää sivuun
to retreat vetäytyä
rewarding palkitseva
revision surgery korjausleikkaus
rheumatic /ruˈmætɪk/ reuma- , reumaan liittyvä, reumaatikko
rheumatoid arthritis nivelreuma
rheumatologist reumatologi
rheumatology reumatologia
rhinitis nuha, nenän tukkoisuus
rhinologist nenälääkäri
rhythm /ˈrɪðəm/ rytmi
rib kylkiluu
ribcage rintakehä
rich variety monipuolinen valikoima
to rinse off huuhdella pois
risk factor riskitekijä
risk for developing anaemia anemiariski
risk for thrombosis veritulppavaara
to roll up kääriä ylös
rollator rollaattori
roommate huonetoveri
to rotate pyörittää akselinsa ympäri, kääntää
routes of medication administration lääkkeiden antotavat potilaalle
routine rutiini
to rub hangata, hieroa
rubella /ruːˈbelə/ vihurirokko
to ruin pilata
to rule out sulkea pois laskuista
to run errands hoitaa asioita
rupture repeämä, murtuma, halkeama
rural maaseutu-

S

sacrum ristiluu
safety measure turvakeino
saline suolaliuos
sample näyte
saturated fat tyydyttynyt rasva
scalp päänahka
scan skannaus
to schedule /ˈʃedjuːl, [am] ˈskedʒʊəl/ määrittää ajankohta, sopia ajasta
schizophrenia skitsofrenia
school nurse kouluterveydenhoitaja
sciatica /saɪˈætɪkə/ iskias
scissors sakset
scopy -skopia, tähystys
screen sermi
to screen for seuloa
scrotum kivespussi
scrub nurse instrumenttihoitaja
searing polttava
secretion erite, eritys
to secure turvata, kiinnittää, varmistaa
to sedate rauhoittaa lääkkeillä
sedative rauhoittava lääke
to see to something huolehtia jostakin
seep tihkua
seizure kohtaus
self (oma) itse
selfconfidence itseluottamus
self-destructive itsetuhoinen
self-esteem itsetunto
self-guilt itsesyytös
self-image omakuva
self-induced itseaiheutettu
self-limiting itsestään paraneva
semi-sitting position puoli-istuva asento
semi-upright position puolipysty asento
sensation tuntemus, aistimus
senses aistit
sensitised herkistynyt
sensitive herkkä
sensor anturi
setback takaisku
to settle asettua, rauhoittua
to settle in asettua johonkin
severe /sɪˈvɪər/ ankara, kova, vakava, vaikea
severity vakavuus, ankaruus
sexually transmitted disease sukupuolitauti
shades varjostimet
shaky tärisevä
sharp terävä, äkillinen
sharps neulat, lansetit, insuliinipumpun kanyylineula (tässä)
sharps bin särmäisjäteastia
shellfish simpukat, äyriäiset
shin sääri
shingles vyöruusu
shooting vihlova
short of breath hengästynyt
shortness of breath hengenahdistus
short-sighted lyhytnäköinen
short-stay surgery lyhytjälkihoitoinen kirurgia
short-term lyhytaikainen
shoulder blade lapaluu
shoulders olkapäät
to shower käydä suihkussa
siblings sisarukset
sick leave sairausloma
sick leave certificate sairauslomatodistus
side kylki
side effect sivuvaikutus
sign merkki
significance merkitys, merkittävyys
significant merkittävä
significant other puoliso, seurustelukumppani
simultaneously samanaikaisesti
sinuses (sivu)ontelot
sinusitis sivuontelotulehdus
to sip siemaista
sipper cup nokkamuki
to sit upright istua suorassa
skin iho
skin care ihonhoito
skin integrity kudoseheys
skin specialist ihotautilääkäri
to skip jättää tekemättä, jättää väliin
to skip breakfast jättää aamupala väliin
sleep deprivation univaje
sleep disorder unihäiriö
sleep pattern unirytmi
sleeping medicine unilääkkeet
sleeping pills unilääkkeet
sleeping posture nukkuma-asento
sleeplessness unettomuus
sleeve hiha
to slide out luiskahtaa paikoiltaan
sliding scale liukuva asteikko
sliding scale insulin fusion jatkuva insuliini-infuusio
slight /slʌɪt/ vähäinen, lievä, heikko
slim hoikka
to slip liukastua
slippers tohvelit
to slouch /ˈslaʊtʃ/ retkottaa, olla kumarassa
slow carbs hitaat hiilihydraatit
sluice /ˈsluːs/ huuhteluhuone
slur sammallus, sopertaminen
slurred sammaltava
slurred speech sammaltava puhe
small bowel ohutsuoli
snack napostelta va, välipala
snack trolley eväskärry
to sneeze aivastaa
snuff nuuska
soak kastella läpimäräksi
sober raitis, selvä
social benefit sosiaalietu, -tuki
social security number henkilötunnus
social work with intoxicant abusers päihdehuolto
social worker sosiaalityöntekijä
soluble /ˈsɒljʊb(ə)l/ liukeneva
solution puhdistusaine
solution /səˈluːʃən/ liuos

somatisation disorder somatisaatiohäiriö
to soothe rauhoittaa, tyynnyttää
sore hiertymä, haava, kipeä, arka
to sort out selvittää, korjata tilanne
soy soija
spare time vapaa-aika
sparing säästeliäs
spasm kouristus
special care allowance erityishoitoraha
special diet erikoisruokavalio
specialist qualification degree erikoistutkinto
specially trained nurse erikoissairaanhoitaja
specific reason erityinen syy
specified määritelty
specimen näytepala, näyte
speech puhekyky, puhe
speech therapist puheterapeutti
to speed nopeuttaa
sphygmomanometer /sfɪg,məʊmə'nomɪtər/ verenpainemittari
spillage /'spɪlɪdʒ/ roiskeet
to spin pyöriä
spinach /'spɪnɪtʃ/ pinaatti
spinal anaesthesia selkäydinpuudutus
spinal fluid selkäydinneste
splashes roiskeet
splint lasta
to sponge /'spʌndʒ/ pyyhkiä, kuivata sienellä
spotting tiputteluvuoto
sprain nyrjähdys, distorsio
to spread levitä
to squeeze /'skwi:z/ puristaa
squeezing puristava
squint karsastus (silmissä)
stabbing pistävä, vihlova, viiltävä
stable vakaa
stage vaihe
stamina kestävyys
to stand up nousta seisomaan
staple niitti
starchy tärkkelyspitoinen
to state kertoa, todeta
stated height ilmoitettu pituus
statins statiinit
to stay in shape pysyä kunnossa
STD sukupuolitauti
stenosis stenoosi, ahtauma
sterile field steriili alue
sterile gloves steriilit suojakäsineet
stiffness jäykkyys
to be still olla paikallaan
stimulants /'stɪmjʊlənt/ stimulantit, piristysaineet
sting pistos
to sting pistää
stinging polttava, kirvelevä, kirvely
stitch tikki
to stitch up ommella, tikata
stoma avanne
stomach mahalaukku
stomach upset vatsavaivat
stools ulosteet
strabismus silmien karsastus
to straighten suoristaa
to strain venyttää, revätyttää, rasittaa
strain venähdys, distensio, rasitus
street drugs huumeet
strength /'streŋθ/ vahvuus, voima
to strengthen vahvistaa
strenuous rasittava, raskas
strenuous exercise raju liikunta
stressed stressaantunut
to stretch venyttää
stretcher paarit
to strive pyrkiä
stroke aivohalvaus
struggle kamppailu
stuttering änkytys
subconscious /ˌsʌb'konʃəs/ alitajuinen
subcutaneous /ˌsʌbkjuː'teɪnɪəs/ ihonalainen
subjective yksilöllinen, subjektiivinen
sublingual kielenalus- , kielenaluseen liittyvä
submucosal /ˌsʌbmjʊː'kəʊsəl/ limakalvonalais- kudos- , limakalvonalaiskudokseen liittyvä
subsequently /'sʌbsɪkwəntlɪ/ myöhemmin, seuraavaksi
to subside laantua, tyyntyä, rauhoittua
substance aine, päihteet
substance abuser päihdeongelmainen
substantial merkittävä, huomattava
substitute korvike, korvaaja
to substitute korvata, täyttää jonkun paikka
successful onnistunut, menestyksekäs
to suction imeä jollakin laitteella
suction imu
suction bulb imupalje (dreenissä)
sudden äkillinen
suddenly äkillisesti
to suffer from sairastaa jotakin
sufficient riittävä
suffocation tukehtuminen
sugary sokerinen
suicidal itsetuhoinen
sunken eyes kuopalla olevat silmät
to supervise valvoa, tarkkailla
supervising nurse ohjaava hoitaja
supplies tarvikkeet
to support tukea
suppository peräpuikko
suppressive hillitsevä, rajoittava
surface pinta
surgeon kirurgi
surgery /'sɜːdʒəri/ leikkaus
surgical /'sɜːdʒɪkəl/ kirurginen
surgical assistant avustava kirurgi, kirurgin avustaja
surgical field leikkaussalin steriili alue
surgical gown leikkaustakki
surgical inpatient ward kirurginen vuodeosasto
surgical nurse leikkaussalihoitaja
surgical site leikkaushaavan alue
surgical unit /'sɜːdʒɪkəl/ kirurginen osasto/ yksikkö
surgical wound leikkaushaava
susceptible to altis /sə'septəbəl/ jollekin
suspected epäilty
suspension suspensio, kiinteän aineen ja nesteen seos
suspicion epäilys
to sustain an injury saada vamma
sustainably sourced kestävistä lähteistä tuleva
to suture /'suːtʃər/ ommella, suturoida
suture /'suːtʃər/ ommel, tikki
swab vanutupolla otettu steriili näyte, sideharsotaitos
to swallow niellä
to sway heilua, huojua
sweating hikoilu
sweaty hikinen
swelling turvotus
swings heilahtelut
swollen turvonnut
symptom oire
syringe /'sɪrɪndʒ/ ruisku, injektioruisku
syrup siirappi
systemic koko elimistöön vaikuttava, systeeminen

T

tachycardia sydämen tiheälyöntisyys
to take a fall kaatua
to take a sample ottaa näyte
to take a stand ottaa kantaa
to take blood pressure mitata verenpaine
to take off clothes riisuutua
to take place tapahtua
to take something into account ottaa jokin huomioon
take your mind off something ajattele jotain muuta kuin
takes its toll vaatii veronsa
taking the vitals vitaalielintoimintojen mittaaminen
tall pitkä (korkeussuunnassa), korkea
tap hana
to tape teipata
tape teippi
taste buds makunystyrät
tasteless mauton
tearful kyynelehtivä
tearing kyynelehtiminen
technique /tɛk'niːk/ tekniikka
teeth grinding hampaiden yhteenpureskelu
to tell apart erottaa toisistaan (kumpi on kumpi)
temporary väliaikainen

tendency taipumus
tender hellä, herkkä, (kosketus)arka
tenderness arkuus (kosketus)
tennis elbow tenniskyynärpää
tenosynovitis jännetuppitulehdus
to tense jännittää (lihakset)
tension jännitys, kireys
test strip testiliuska
testicle kives
the duration of the treatment hoidon kesto
the food plate model lautasmalli
the food triangle ruokapyramidi
the site of the surgery leikkausalue
theatre leikkaussali
therapist for substance abusers päihdeterapeutti
thermometer /θə'momɪtər/ kuumemittari
thigh /θʌɪ/ reisi
thin ohut
thin needle biopsy ohutneulabiopsia
thirst jano
thoracic rinta(kehä)-
thoroughly /'θʌrəlɪ/ läpikotaisin, perusteellisesti
throat kurkku
throbbing tykyttävä, sykkivä
thrombolysis liukeneminen, trombolyysi
thrombosis verisuonitukos, tromboosi
throughout kauttaaltaan, kaikkialta
to throw up oksentaa
thumb peukalo
thyroid /'θaɪrɔɪd/ kilpirauhanen
tic pakko-oire
ticket dispenser lippuautomaatti
tight puristava, kuristava
tightness kireyden tunne, kireys
to tingle kihelmöidä
tingling kihelmöivä, pistävä
tingly kihelmöivä, pistelevä
tiredness väsymys
tissue kudos, nenäliina
tit naisen rinta, tissi
to pinpoint osoittaa tarkasti
toiletries hygieniatarvikkeet
tolerable siedettävä
tolerance sietokyky
tolerate sietää
tomography kerroskuvaus
tone of voice äänensävy
tongue kieli
tonsillectomy nielurisaleikkaus
toothache hammassärky
topical ulkoinen, ihon kautta, pinnallinen,
torso ylävartalo
tourniquet /'tʊənɪkeɪ, 'tɜːnəkət/ kiristysside, staassi
towards kohti
toxic myrkyllinen, myrkky-
TPN, total parenteral nutrition ravinnon antaminen suoraan laskimoon
trace elements hivenaineet
to track seurata, jäljittää
trans fats transrasvat
to transfer siirtää
transfer siirto
transfuse tehdä verensiirto
transmission tartunta, tarttuminen
tray tarjotin
treadmill juoksumatto
to treat hoitaa
treatable hoidettavissa oleva
treatment hoito
treatment pathway hoitopolku
treatment period hoitojakso
trembling tärinä, vapina
tremor tärinä, vapina
to trigger laukaista, aiheuttaa
to trim siistiä, leikata
tripping kompastuminen
trolley kärry
trunk vartalo
tube putki, näyteputki, letku
tubing letkut, letkusto
tumorous growth kasvain
tumour kasvain
twist vääntää
twisting vääntäminen

U

ulcer haavauma
ulceration /ʌlsəˈreɪʃ(ə)n/ haavautuminen, haavauma
ultrasound scan ultraäänitutkimus
unaware tietämätön
unbearable sietämätön
uncertainty epävarmuus
uncomfortable epämukava
unconscious /ʌnˈkɒnʃəs/ tajuton
unconsciousness tajuttomuus
uncovered peittämätön, ilman sidettä (haavasta)
underactive vajaatoimintainen
to undergo kokea, joutua läpikäymään
underwear alusvaatteet
undescended laskeutumaton
to undress riisuutua
unexpected odottamaton
unhealthy epäterveellinen
unilateral /ˌjuːnɪˈlætərəl/ toispuolinen
unit osasto, yksikkö
University of Applied Sciences ammattikorkeakoulu
unpleasant epämiellyttävä
unrefined and refined carbs hitaat ja nopeat hiilihydraatit
unsaturated fats tyydyttymättömät rasvat
unstable epävakaa
up and about jalkeilla
update päivitys
upper arm olkavarsi
upper trunk ylävartalo
upright position pystyasento
urethra /jʊˈriːθrə/ virtsaputki, virtsaputkeen liittyvä
urge /'ɜːdʒ/ tarve
to urge kehottaa
urgently kiireellisesti, pian
urinal virtsapullo
urinary bladder virtsarakko
urinary output virtsan tuotanto
urinary retention retentio, virtsaamiskyvyttömyys
urinary tract virtsatiet
urinary tract infection virtsatietulehdus
to urinate virtsata
urination virtsaaminen
urine /'jʊərɪn/ virtsa
urine bottle virtsapullo
urologist urologi
urology urologia
uterine lining /'juːtərɪn/ kohdun limakalvo
uterus /'juːtərəs/ kohtu

V

vacant poissaoleva
to vaccinate against something rokottaa jotakin vastaan
vaccination /ˌvæksɪ'neɪʃən/ rokotus, rokottaminen
vacuum bellows imupalje (dreenissä)
vaginal discharge valkovuoto
vague epämääräinen, epäselvä
valid voimassaoleva
valuable arvokas
valuables arvotavarat
varicose vein suonikohju
varicose vein surgery suonikohjuleikkaus
varied diet monipuolinen ruokavalio
various erilaisia, monenlaisia
VAS pain scale, visual analog scale for pain VAS-kipuasteikko
vascular surgery verisuonikirurgia
vegetable fat spreads kasviöljylevitteet
vegetarian kasvissyöjä
vending machine myyntiautomaatti
ventricular fibrillation kammiovärinä
vertical pystysuuntainen
vein laskimo
via kautta
vial lääkepullo
vice-like kiristävä, puristava
vigilant valpas
vigorous /'vɪgərəs/ kova, tarmokas
vigorous exercise raju liikunta
visible näkyvä
vision näkökyky
visiting hours vierailuajat, -aika
visual impairment näkövamma, näön heikkeneminen
vital elintärkeä
vital functions vitaalielintoiminnot
vital signs vitaaliparametrit
vitamins vitamiinit
voluntary vapaaehtoinen
vomiting oksentelu
vulnerability haavoittuvuus

W

wailing ulvova, valittava, itkevä
to walk about kävellä ympäriinsä, kuljeskella
to walk somebody kävelyttää

walker rollaattori, kävelytuki
walking frame kävelytuki, kävelyteline
ward vuodeosasto
ward manager osastonhoitaja
ward practices osaston käytännöt
ward round lääkärinkierto
waste items jätteet
watery vetinen
to wave aalto
to weak heikko
weakness heikkous
wean off vieroittaa
wear pukea, pitää vaatetta yllään
wear off lakata vaikuttamasta
weed ruoho, marihuana
weigh /'weɪ/ punnita, painaa
weight /'weɪt/ paino
weight gain lihominen, painonlisäys
weight loss laihtuminen, painonmenetys
weird outo, kummallinen
well in advance hyvissä ajoin
wellbeing hyvinvointi
well-hydrated hyvin nesteytetty
welt uurre, juomu
to what extent? miten paljon?
wheelchair pyörätuoli
wheezing vinkuva hengitys
wholegrain kokojyvä
widow leski (nainen)
widower leski (mies)
wipe pesupyyhe,-liina
to wipe pyyhkiä
to withdraw vetää pois (neula)
withdrawal poisto, ottaminen, vetäytyminen
withdrawal symptoms vieroitusoireet
to witness nähdä, todistaa
womb /wu:m/ kohtu
woollen, woolly villainen
wound /'wu:nd/ haava
wound care haavanhoito
to wrap /'ræp/ kietoa
wrist /'rɪst/ ranne
wristband potilasranneke

X

X-ray röntgen, röntgensäde

Z

zest innostus
zimmer frame kävelyteline, rollaattori

Keys

1.1 C

1 pneumonia, heart disease
2 breast cancer
3 stroke, severe chest pain, loss of consciousness
4 restoring functional capacity, stiffness
5 hysterectomy, thoracic surgery
6 coronary angioplasty, bypass operation

Left over: radiology unit, cafeteria

1.1 D

1 Admissions
2 ICU (Intensive Care Unit) (or: Critical Care Unit = CCU)
3 Paediatric ward
4 Maternity ward/unit (or postnatal ward)
5 Laboratory
6 Outpatients
7 Dermatology department
8 ENT (Ear, Nose and Throat Ward)
9 Gynaecological ward
10 Pain management clinic

Left over: medical records, bed linen, sluice, haematology

1.1 G

1 F
2 K
3 U
4 D
5 O
6 A
7 W
8 H
9 V
10 B
11 C
12 L
13 Q
14 J
15 I
16 P
17 M
18 E
19 Z
20 T
21 G
22 N
23 X
24 S
25 Y

1.1 H

A 5 sharps bin
B 6 scissors
C 8 tourniquet
D 9 syringe
E 3 pulse oximeter
F 1 sphygmomanometer (blood pressure device)
G 4 diabetes care devices
H 7 thermometer
I 2 cuff

1.1 I

1 PSYCHIATRIST/PSYCHOLOGIST
2 GASTROENTEROLOGIST
3 PHYSIATRIST
4 OBSTETRICIAN
5 DERMATOLOGIST
6 PHYSICIAN
7 GYNAECOLOGIST
8 UROLOGIST
9 DIETITIAN
10 INTERNIST
11 MIDWIFE
12 SUPERVISING NURSE
13 PAEDIATRICIAN
14 NAMED NURSE
15 SURGEON
16 ORTHOPAEDIST
17 SCRUB NURSE
18 PARAMEDIC
19 ANAESTHETIST
20 ONCOLOGIST
21 PERIOPERATIVE NURSING = PERIOPERATIIVINEN HOITOTYÖ

1.1 J

1 Aivoinfarktiyksikkö
2 Urologia
3 Nuorisopsykiatria
4 Verisuonikirurgia
5 Hengityselinsairaudet
6 Tuki- ja liikuntaelinsairaudet
7 Ravitsemusterapia
8 Reumatologia
9 Munuaissairaudet
10 Naistentaudit

1.2 B

Daily Routine/programme on the Ward

7.15–7.30 a.m.
Morning handover
(The morning staff arrives)

7.30 a.m.
Breakfast
Medication round (Administration of medication)
Morning care (Showers and bed baths)
Making beds (Changing linen if needed)
Wound care
Blood tests and other lab tests
Taking/monitoring blood pressure
Taking blood glucose (if needed)

9–11.30 a.m.
Doctor's ward round with named nurses
Medication round

11.30 a.m.
Lunch

12.30 p.m.
Medication round
Nursing procedures
Discharging patients

2.00 p.m.
Afternoon coffee

2.00–8.00 p.m.
Visiting hours

2.15–2.30 p.m.
Afternoon handover (Evening nurses arrive)

5.00 p.m.
Dinner

5.00–8.00 p.m.
Medication round
Instructing patients and family members (Giving guidance and advice to patients and family members)
Preparing for the following day's examinations

9.30 p.m.
Evening handover (Night nurses arrive)

1.3 B

1 admission
2 pain relief
3 infection control
4 vomiting
5 diarrhoea
6 swab
7 swelling
8 call bell
9 allergic to
10 cold compress
11 dietary requirements
12 blood transfusion
13 skin integrity
14 dressed in A&E
15 duty doctor

1.3 C

1 painkiller
2 chart
3 affected by
4 due to
5 haematoma
6 to sustain an injury
7 condition
8 hay fever
9 chronic
10 next of kin

1.4 D

1 PNEUMONIA
2 HEPATITIS
3 SEIZURE
4 ASTHMA
5 EMPHYSEMA
6 TUBERCULOSIS
7 DIARRHOEA
8 EPILEPSY
9 INCONTINENCE
10 ARTHRITIS
11 GALLSTONES
12 HYPOTHYROIDISM
13 HERNIA
14 SEXUALLY
15 STROKE
16 CONSTIPATION
17 PARALYSIS
18 DIZZY
19 PAST MEDICAL HISTORY
= AIKAISEMPI ANAMNEESI

1.4 E

1 were – was
social security number

2 measured weight
stated weight
stated height

3 prescription
4 Yes
5 a, c, d, e

6 a) to
b) on
c) with
d) for
e) for
f) against
g) on, from
h) in/within/during/over

7 b, c, d
8 a, b, c, e

9 a General Practitioner
b Activities of Daily Living
c In Case of Emergency
d Ear, Nose, Throat
e Registered Nurse

10 a undergone
b admitted
c discharged

2.1 B

1 transmission
2 asepsis
3 exposure
4 resistance
5 susceptible
6 prone to
7 disinfection
8 protective gloves
9 procedures
10 isolation room
11 hospital acquired infections
12 admission
13 resistant

2.1. C

1 precautions
2 protective clothing
3 personal protective equipment (PPE)
4 face and mouth protection
5 to cough
6 to sneeze
7 goggles
8 gowns
9 aprons
10 splashes of blood
11 secretions, excretions
12 clean, nonsterile gloves
13 sterile gloves
14 suturing wounds
15 (wound) dressings
16 disposable items
17 airborne isolation
18 droplet isolation
19 contact isolation
20 bloodborne precautions

2.1 D

1 A
2 B
3 C
4 B,C
5 C
6 C
7 A
8 B
9 A
10 A

2.2 A

1 was coughing
2 take some measurements
3 position
4 dizzy
5 blood pressure
6 respiratory rate
7 temperature
8 thermometer
9 antibiotics
10 bronchitis
11 cuff
12 procedure
13 pulse
14 nervous
15 wrist

2.2 B

1 HEIGHT
2 BREATHE
3 OXYGEN
4 SLEEVE
5 DEVICE
6 FINGERTIP
7 MEASURE
8 LUNGS
9 CONSCIOUSNESS
10 PAINLESS
11 COUGH
12 INHALE
13 PRESSURE
14 THE VITAL SIGNS
= VITAALIELINTOIMINNOT

2.3 E

1 true
2 obesity,
irregular eating habits,
permanent stress,
long-term smoking
3 false
4 false
5 true
6 false
7 false
8 false

2.4 A

1 catheterisation
2 insertion of a catheter
3 urethra
4 urinary bladder
5 urinary tract infection (UTI)
6 to pass urine
7 urinary retention
8 residual urine
9 semi-sitting position
10 procedure
11 sterile field
12 privacy
13 screen
14 to disinfect
15 to cleanse the skin area
16 sterile gloves
17 trolley
18 tray
19 solution and swabs
20 disposable pad
21 syringe
22 kidney basin
23 forceps
24 anaesthetic gel
25 urine bottle

2.5 B

1 slurred speech
2 tingly
3 loss of power
4 a stroke
5 acute
6 A&E department
7 tiredness
8 exhausting
9 ward round
10 nutrition
11 recover
12 liquid
13 equipment
14 flexible
15 lubricating
16 local anaesthetic
17 ribcage
18 apron
19 nostril
20 unpleasant
21 respiratory distress
22 nose bleed
23 request
24 confirmation

2.5 C

1 false
2 true
3 true
4 false
5 true
6 false
7 false
8 false
9 false
10 true
11 false
12 true

2.6 A

1 Let me adjust your bed a little before we start.

2 Can I put more lights on and open the window shades / blinds?

3 Now let's turn you on your side. You can grab the bed rail and pull yourself up a little.

4 Have you still been feeling pain in your lower back or is it better now?

5 There is discharge from the wound / The wound is discharging and it looks infected.

6 Take a good hold of the handles. I will count to three, and when I say 'three', we will help you on your feet.

7 Please bend your knees. Good, now push yourself up a little with your feet.

8 Please chew the pill well before swallowing.

2.8 C

1 endometriosis
2 gallstones
3 multiple sclerosis
4 stroke
5 pneumonia
6 inguinal hernia
7 UTI = urinary tract infection
8 shingles
9 Crohn's disease
10 rheumatoid arthritis

2.8 F

1 abdominal pains
2 A&E
3 nil by mouth
4 appendicitis
5 (operating) theatre
6 rash
7 surgeon
8 pregnancy test

1 excruciating
2 paramedic
3 to vomit
4 to ease off pain
5 nauseous
6 pyrexial
7 IV
8 on duty

2.8 G

1 appendicitis
2 gradual
3 appendix
4 localised
5 severe
6 dull
7 symptoms
8 sharp
9 abruptly
10 intense
11 constant
12 in waves
13 intensity
14 moderate
15 band-like
16 attacks
17 unilateral
18 throbbing
19 nausea
20 heartburn
21 tightness
22 squeezing
23 sensation
24 coughing
25 stabbing

2.9 A

1 Don't touch the cannula or the tube.

2 If the cannula comes loose / slides out, call the nurse.

3 Use the nurse call button if you want to take a shower.

4 Make sure that the tube is not kinked to keep the fluid flowing.

5 Let your nurse know if there is pain at the cannulation site.

6 Don't let the cannula get wet when you take a shower.

2.9 C

1 IV drip
2 fluids
3 an imbalance
4 transfuse
5 kinked
6 intravenously
7 sensations
8 nutrition
9 unstable, monitor
10 cannula
11 saline, fluids
12 antibiotic, cannula
13 IV-access, administer

2.9 F

1	G	11	Q
2	P	12	E
3	S	13	A
4	N	14	R
5	H	15	I
6	O	16	L
7	K	17	C
8	M	18	F
9	D	19	B
10	T	20	J

2.9 I

1 INJECTION
2 DOSE
3 SYRINGE
4 COMPATIBLE
5 NARCOTICS
6 VIAL
7 EXPIRY DATE
8 CANNULA
9 DEVICES
10 NEBULIZER
11 CHART
12 SHARPS BIN
13 OTC
14 TOXIC EFFECT
15 SOLUBLE
16 ENEMA
17 CONTRAINDICATION = KONTRAINDIKAATIO/VASTA-AIHE

3.1 B

1 huimaus, pyörrytys
2 hoippuminen, huojuminen
3 pistely, kihelmöinti
4 puutunut, tunnoton
5 veltto, voimaton
6 tarttua
7 puhe
8 sammallus, sopertaminen
9 kärsiä jstkn, sairastaa
10 lihasjännitys
11 olkapäät
12 varata aika
13 fysioterapeutti
14 oireet
15 pirteä, valpas, virkeä
16 diagnoosi
17 sairausloma
18 liuotushoito
19 kotihoito-ohjeet
20 rasittaa jtkn, ponnistaa (rasittaa itseään fyysisesti tai henkisesti)

3.1 G

1 radiation therapy
2 severity
3 chemotherapy
4 spinal fluid
5 response
6 effective
7 long-term
8 treatable
9 anti-nausea medicines
10 counteract

3.1 J

1 True
2 False. The heart attack was not externally visible.
3 True
4 True
5 True
6 False. They are often vague and sometimes even a severe infarction is difficult to identify.

3.1 K

1 condition
2 sensation
3 heartburn
4 digestion
5 coronary artery
6 oxygenated
7 saturated fat
8 obesity
9 hypertension/high blood pressure
10 strenuous exercise
11 asymptomatic
12 collapse
13 to perform an ECG (=electrocardiogram)
14 arrhythmia
15 bypass operation

3.1 Q

1 GLUCAGON
2 LANCETS
3 HYPOGLYCAEMIA
4 GLUCOMETER
5 SHARPS
6 KETONES
7 PUMP
8 MULTI-INJECTION
9 INJECTION SITES
10 LANCET PEN
11 KETONE METER
12 SENSOR
13 TEST STRIP
14 CARBOHYDRATES
15 CONTINUOUS
16 LOGBOOK

3.1 R

1 D
2 H
3 E
4 A
5 B
6 C
7 F
8 G

3.1 U

1 expecting their first baby
2 antenatal clinic appointment
3 24 weeks pregnant, gestational diabetes
4 glucose tolerance test
5 glucose levels, (blood) sugar levels
6 Neonatal Unit
7 induced
8 caesarean section (c-section)
9 referred to a dietitian, eating habits
10 pre-eclampsia

3.2 B

1 J
2 I
3 A
4 K
5 L
6 C
7 B
8 D
9 F
10 H
11 G
12 E

3.2 D

A 3
B 8
C 5
D 1
E 4
F 2
G 7
H 6

3.2 E

1 to fast
2 over-the-counter medication
3 nervous
4 to allay
5 operating theatre
6 wristband
7 to verify
8 blood group
9 personal items
10 to take off clothes, to undress

3.2 H

1 G
2 C
3 D
4 E
5 A
6 F
7 H
8 J
9 I
10 B

3.3 C

1 Shake the inhaler / inhalator well before use.
2 Take off / remove the cap and make sure that the inhaler is clean.
3 Breathe slowly in and out a few times.
4 Hold the inhaler still and press your lips around the mouthpiece.
5 When you begin to breathe in, press the inhaler button once and take a deep breath.
6 Hold your breath by counting to ten. Then remove the mouthpiece from your mouth and breathe slowly out. Don't breathe out through the inhaler.

3.3 E

1 amniotic fluid
2 to induce the labour (induction)
3 foetal heart rate
4 to soothe
5 rash
6 to leave out
7 incision
8 tonsillectomy
9 paediatrician
10 vacant look

3.3 G

1 G
2 D
3 A
4 J
5 I
6 H
7 B
8 K
9 E
10 F
11 L
12 C

3.4 B

1 absent
2 fear, phobia
3 sensitive
4 on instinct
5 a bully
6 self-esteem
7 (self-) confidence
8 appetite
9 anxiety
10 panic attack
11 to brush something off
12 anti-acids, antacids
13 to dislike something
14 to isolate oneself
15 brain haemorrhage
16 day hospital
17 rehabilitation
18 subconscious
19 antidepressant
20 sedative
21 side-effect
22 mood
23 tolerance
24 breathing technique

3.4 F

A 12
B 5
C 13
D 6
E 11
F 1
G 4
H 10
I 3
J 8
K 2
L 9
M 7

3.4 G

Suggested key

1 depression, bipolar disorder
2 depression, bipolar disorder
3 bipolar disorder, manic phase
4 panic disorder, generalised anxiety disorder, depression
5 somatisation disorder, anxiety disorder
6 psychosis, anxiety disorder, depression, personality disorder (e.g. unstable personality)
7 psychosis, personality disorder
8 any psychological disorder
9 depression, memory disorder
10 compulsive disorder
11 dissociation disorder
12 personality disorder
13 any psychological order

3.4 H

1 substance abuser
2 complete
3 specialist qualification degree
4 permanent employee (employer = työnantaja)
5 profession
6 lead a life
7 executive director
8 duty
9 social benefit
10 drug addict
11 night shift
12 administration of medicines
13 run daily errands
14 collaborator
15 endeavour
16 rewarding
17 visible
18 mandatory
19 threat of violence
20 to cope with something

4.1 B

1 I
2 F
3 J
4 C
5 H
6 B
7 K
8 E
9 L
10 A
11 G
12 D

4.1 D

1 C
2 G
3 D
4 I
5 H
6 B
7 A
8 E
9 F

4.1 G

1 discharge
2 specific reason
3 orthopaedist
4 prescription
5 painkillers
6 as instructed
7 examinations
8 CT scan
9 physiotherapist's
10 physical exercises
11 a printout
12 KELA card
13 ID
14 pharmacy
15 e-prescriptions
16 follow-up treatment
17 a relative
18 discharge documents

4.2 C

1 macronutrients
2 proteins
3 legumes
4 omega-3 fatty acids
5 fibre
6 wholegrain
7 folic acid
8 lycopene
9 flavonoids
10 digestion

ginger	inkiväärі
antioxidants	antioksidantit
carotene	karoteeni
trace elements	hivenaineet

4.2 F

to resume their normal activities	= to get back to their normal activities
to benefit from	= to be useful/ good for the patients
to restore mobility	= to bring back the ability to move
to encounter	= to face something
to enhance circulation	= to improve and stimulate circulation
to expose to a risk	= to be prone to a risk

4.2 H

1 varicose vein surgery
2 bariatric surgery
3 herniated (slipped) disc surgery
4 ACL surgery
5 open heart surgery
6 cataract surgery
7 inguinal hernia surgery
8 carpal tunnel syndrome surgery

4.2 I

1 recovery
2 get mobilised
3 adequate
4 general anaesthesia
5 aggravate, exacerbate
6 instructions, advice
7 beneficial
8 overexerting
9 setbacks
10 chronic
11 complicate
12 straining
13 duration
14 exercise
15 strenuous

Appendices 1

1 post
2 pre
3 inter
4 dis
5 in
6 mal
7 para
8 para

Appendicees 2

1 hypo
2 hyper
3 ante
4 hypo
5 ante
6 post
7 mal

Appendices 3

1 c
2 a
3 c
4 c
5 b

Appendices 4

1 K
2 L
3 N
4 C
5 M
6 B
7 A
8 G
9 J
10 F
11 I
12 H
13 D
14 E

Appendices 5

1 C
2 F
3 I
4 J
5 H
6 B
7 E
8 D
9 G
10 A

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